

Ac. 4431

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WILTSHIRE
COUNTY
COUNCIL



Annual Report of the Principal School Medical Officer for the year 1972

Being the report required to be made by the Principal School
Medical Officer under Section 92 of the Education Act, 1944

ERRATUM

Page 35 line 19 for "survey" read "surgery".

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FOR THE YEAR

1972

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Foreword

Although the school leaving age was raised to sixteen in September, 1972, the full effect of this upon the School Health Service was not felt until September, 1973. The consequent increase in the school population will produce more work but it is too early to estimate the full results.

During 1972 and up to the time of writing in November, 1973, the health of Wiltshire school children remained good.

Apart from the further involvement of general practitioners in school medical examinations (seventeen are now participating) the only important change in the School Health Service in 1972 was the commencement of a trial of chiropody treatment for school children by whole-time County Council chiropodists, who are now undertaking some of this work as well as their commitments for the elderly and handicapped. This, however, is only a small pilot scheme at present and the general shortage of chiropodists must restrict further development in the immediate future.

In 1973 a Senior Speech Therapist was appointed to secure co-ordination and professional support for the work of the Speech Therapy Service which is now more fully staffed than for some time. There was further discussion of the project for a school for severely physically handicapped children in Wiltshire which is now in the building programme.

Details of the various aspects of the service in 1972 are as usual given in the body of the Report.

The last two years have mainly been notable for the increasing attention which has had to be given to the preparations for the reorganisation of the National Health Service. The School Health Service, in as far as it is provided under Section 48 of the Education Act, 1944, which relates to the provision of medical examination and treatment, will become the responsibility of the new Wiltshire Area Health Authority on the 1st April, 1974. The Education Committee of the new County Council will retain responsibility for ascertainment and provision of special educational treatment for handicapped pupils but the office of Principal School Medical Officer will disappear.

Clearly reorganisation will not mean that the Education Authority will cease to require medical advice; neither will the close connection between the general work of the School Health Service and the provision of special education and other activities of the Education Department grow less. It is intended that there shall be a Joint Consultative Committee to further collaboration between the Area Health Authority and the Education Authority, with supporting arrangements for liaison between officers, and that a specified community medicine specialist employed by the Area Health Authority shall be responsible for advising the Education Authority on all matters relating to the health of school children.

Although as far as is known there will remain a statutory requirement for an Annual Report of the Principal School Medical Officer to be made for 1973 and presumably for the first quarter of 1974, the present report is the last which can be presented to the existing County Council.

As the transfer of the School Health Service from the administrative responsibility of local education authorities marks the end of a very important period in the development of child health services by local authorities it seems appropriate to include in this Report a brief history of the School Health Service of the Wiltshire County Council from its inception in 1908 to the present time. This account immediately follows the Foreword and I am indebted to Mr. D. H. Stevens, the Head of the School Health Service Section, for the main part of the work of its preparation from the records in the Health Department and his own considerable experience of the Service. The more recent part of this history shows how the School Health Service has increasingly come to be part of a working whole with the general practitioners and the hospital service, a process which has helped towards the integration of the health service.

I should like to express my appreciation of the constant consideration and support which the Education Committee and their Sub-Committees (and especially the School Health and Attendance Sub-Committee) have given to the School Health Service during the time that I have been their Principal School Medical Officer, and of the help through the years of the Chief Education Officer and the staff of the Education Department, and of the teachers, which has been so largely instrumental in establishing effective co-operation for the benefit of the children of Wiltshire.

Finally I wish to thank the staff of the School Health Service, throughout Wiltshire and at County Hall, for their excellent work and their determination to provide the best possible service.

C. D. L. LYCETT.

County Hall,
Trowbridge.

History of the School Health Service in Wiltshire

Recruitment for the Boer War showed that there was such a high proportion of unfit men that an Interdepartmental Committee on Physical Deterioration was set up. One result was the Education (Administrative Provisions) Act 1907 which imposed a duty on Local Education Authorities to provide for the medical inspection of elementary school children at the time of entering school and at such other occasions as the Board of Education directed.

In Wiltshire at a special meeting on the 14th February, 1908 the then General Education Committee adopted a scheme for the medical inspection of school children. Dr. John Tubb-Thomas, the first County Medical Officer of Health for Wiltshire, was also the first School Medical Officer and made the first annual report (for 1908). The medical examinations were carried out by seventeen district medical officers of health, augmented by thirty other practitioners, at a payment of two shillings an examination. The scheme proved more expensive than had been expected and, in the opinion of the General Education Committee, was unsatisfactory. In November, 1908 the Committee asked the County Council to approve a new scheme involving the appointment of two whole-time doctors working under the supervision of the County Medical Officer of Health. The County Council refused because they "viewed with extreme disfavour any avoidable addition to the number of salaried officials". They also considered that the fee of two shillings was excessive and should be reduced. The doctors, however, unanimously refused to undertake the work for less than two shillings and the Committee decided to continue the scheme unaltered, subject to the approval of the Board of Education. The Board of Education did not approve and Dr. Newman, the Chief Medical Officer of the Board, met the full General Education Committee on the 15th January, 1909 and expressed doubt of the possibility of conducting work in a satisfactory manner without the appointment of whole-time medical officers.

The General Education Committee considered the alternatives of two whole-time medical officers of equal status working under the general supervision of the County Medical Officer of Health and an independent School Medical Officer with an assistant. The second alternative was chosen by the Committee, who reported to the County Council that they were "influenced by their desire to relieve the County Medical Officer of the heavy burden that has been thrown upon him by the organisation and control of the present arrangements for medical inspection. The County Medical Officer's duties are already very extensive, tend constantly to increase and will be further augmented if certain legislative proposals now before Parliament become law".

On the 16th March, 1909 the County Council approved the scheme for the appointment of a School Medical Officer and a Medical Inspector at salaries of £400 and £250 a year. On the 1st August, 1909, Dr. R. Harding Bremridge commenced duty as School Medical Officer with direct responsibility to the General Education Committee.

Dr. Bremridge continued as School Medical Officer until 1914 when, on the 27th March, the General Education Committee approved a scheme for Dr. J. Tubb-Thomas to again become School Medical Officer as well as County Medical Officer of Health, while Dr. Bremridge became Deputy County Medical Officer of Health, Chief School Medical Inspector and County School Oculist. Since then, in Wiltshire the holder of the post of County Medical Officer of Health has also been appointed School Medical Officer or Principal School Medical Officer (to which the designation of the post was changed by the School Health Service and Handicapped Pupils Regulations 1953).

During the period 1909 to 1914 Dr. Bremridge showed concern in his annual reports about the difficulty in securing that school children received treatment for the conditions found. The Education Committee's statutory duty was limited to medical inspection. Parents were expected to seek treatment themselves. If they could not afford to pay for it they could apply to the Board of Guardians for assistance under the Poor Law. The failure to do so could amount to wilful neglect and attract on indictment a fine of up to £100 or imprisonment with or without hard labour for up to two years. The need to ensure parents were aware of their responsibilities is in evidence in the early reports. For instance "6 men of the village of Milbourne St. Andrew were summoned for not sending their children to school on October 11th, 1911, the day of the school doctor's visit.... At the request of the Education Committee that only a nominal penalty be imposed, the Bench fined each one shilling and four shillings costs".

In the same year, 1911, a Central Care Committee consisting of members of the General Education Committee and co-opted members was set up supported by Local Care Committees for 238 schools.

The object of the Local Care Committees was "to follow up cases reported on by the School Medical Officer and to ensure so far as possible that no child shall be prevented by indifference, ignorance or poverty from receiving the help it needs". The School Medical Officer gave to the Secretary of the Local Care Committee the names of the children requiring treatment and the member to whom "a case has been entrusted" had the duty by "friendly visits to the house of the child continued at intervals gradually to ascertain the circumstances of the family and home and whether the treatment recommended by the School Medical Officer was being carried out or the reasons for failure".

This arrangement did not prove altogether satisfactory. There was difficulty in obtaining information from the Local Care Committees and Dr. Bremridge reports extreme difficulty in persuading the Boards of Guardians to meet the cost of medical treatment of children. No doubt as a result, the first arrangements for treatment provided directly by the authority were the designation of Dr. Bremridge as County School Oculist, as mentioned above, and the appointment of Mr. F. R. Wallis as County Dentist. Dr. Bremridge examined eyes and prescribed spectacles. Dental treatment was provided for a fee of six pence for each patient treated per year and no charge was made for examination only. In 1914 the first school nursing began by arrangement with the Wiltshire Nursing Association for the employment of district nurses in schools for which service a payment of £10 per thousand of school population was made.

Dr. Bremridge's first report, for the year 1909, contains a considerable amount of information about the health of the Wiltshire school children at that time. There were no school medical examinations in what were then termed secondary schools and which were basically the forerunners of the post Second World War grammar schools. In 'elementary' schools, as the others were then called, it was intended that children should be examined in their first and last years of school attendance.

In 1909 there were 36,782 children in 355 "elementary schools" (without Swindon and Salisbury which were autonomous). Eleven per cent of the children were reported to be dirty and verminous but on the other hand Dr. Bremridge had a general impression that the children were "well booted and clothed"; 3.38% were said to be in a state of poor nutrition but he qualified this by saying that poor nutrition was a comparative term and as an example of different standards of assessment quoted the percentage reported in Somerset in 1908 to have been 11. There was already a scheme for dealing with "verminous conditions in girls" and of 3,189 girls examined 35.02% had nits and 7.02% were "abundantly infested". In one school 76% of the girls were verminous.

The results of the school medical examinations in 1909 were as follows:

Conditions Found at Medical Examinations	Bad Clothing	Bad Footgear	Poor Nutrition	Dirty and Verminous Condition	Ringworm and other Skin Conditions	Decayed Teeth	Disease of Nose and Throat	Eye Disease and Bad Vision	Ear Disease and Bad Hearing	Bad Speech	Very Dull and Mentally Deficient	Heart and Lung Complaints	Nervous Diseases	Rickets and Deformities	Tubercle	Rupture	
No.	433	236	291	947	113	608	698	751	248	150	122	208	97	187	43	17	Total No. Examined 8605
Percentage of Total Examined	5.03	2.74	3.38	11.01	1.31	7.07	8.11	8.73	2.88	1.74	1.42	2.42	1.13	2.17	.50	.20	

One hundred and sixty five schools were examined for sanitary conditions and of these 3% had privy middens, 84.8% had pail closets and 12.1% had some form of water closet. Dr. Bremridge said "of conservative systems the pail closet is undoubtedly the best and if the pail be fitted with a lid and the contents be mixed with dry earth it probably represents the best known method of sewage disposal in a rural district". Thirty six per cent of the 165 schools had no water supply but he comments that this was sometimes not too serious as water was often available at the adjoining school house.

Out of 75 schools 11 had basins with water laid on. Dr. Bremridge commented "I am inclined to think that no towels at all is better than a roller towel changed once a week. The girls in needlework classes make towels for the schools".

In his report for the following year, 1911, Dr. Bremridge proudly stated that the sanitary arrangements had been overhauled. "I doubt if there is another rural county able to state, as this county can now do, that there is not a single privy midden in any school. All have been converted into water or pail closets".

There were two questions which worried Dr. Bremridge in the reports made before the First World War. These were the inadequacy of office accommodation for the school health service, which was a room 10' x 12' in which at times he and three others had to work and which also contained a quantity of bulky furniture. The other was the shortage of medical staff and in 1912 he commented "the medical staff associated with the work of medical inspection in Wiltshire, with the possible exception of Dorsetshire, appears to be the smallest in England". He complained that Wiltshire only spent eight pence per child on medical inspections whereas, for example, Berkshire was spending 1/4d and Somersetshire 1/3³/₄d.

The First World War years were largely characterised by the difficulties arising from the shortage of staff and there was complaint of roads blocked because of military traffic. The shortage of medical staff was accentuated in 1916 by the addition of an extra age group of children for school medical examination – those 10 years old – and by the extension in 1917 of the examinations to the nine secondary schools in the County then containing 1,637 children. It was not until 1921 that it was reported there was a full medical staff available.

In February 1920, Dr. C. E. Tangye succeeded Dr. Tubb-Thomas on his retirement.

After the war there was a steady development of schemes for treatment. The dental service was expanding; in 1920 there were dental clinics in various centres although the dental treatment could not cover the whole of the County in a systematic manner. 10,114 children were inspected and it was considered that an appointment of a fourth dentist would shortly be a necessity. The first school clinic had been provided in a house in Bythesea Road in 1915 and this was replaced in 1929 by the purchase of the old cottage hospital in The Halve on the site of the present county health clinic. A scheme for tonsil and adenoid operations was commenced in 1919. Children were admitted to hospital on the recommendation of a school medical officer and operated upon by ear, nose and throat surgeons for which a fee of 30/– was paid for the services of the surgeon and anaesthetist for each patient and 5/– for the use of theatre nurses and 6/– a day to the hospital. These arrangements were in force at ten hospitals. In 1919 there is also reference to minor ailments being treated by the school nurse with dressings and drugs supplied by the School Medical Officer and to teachers of physical exercises being encouraged by the county superintendent of physical exercises to teach breathing exercises. In 1922, at the suggestion of the Board of Education, a system of payment by the parents towards the cost of treatment was instituted and in the same year a scheme for eye clinics by ophthalmologists commenced. Orthopaedic clinics began in 1923 and that year £50 was allocated for treatment of selected orthopaedic patients at Headington Hospital.

In 1927 the County obtained the services of a heart specialist for school children and in 1928 heart clinics were established over the whole County as a part of an investigation into the cause of rheumatic heart disease, which included the Counties of Gloucester and Somerset and the Cities of Bath and Bristol as well as Wiltshire. It was hoped to throw some light on this by an investigation into home conditions of rheumatic cases but in 1929 it was reported that the investigation had obtained no definite information in this direction although the value of the clinics had become so obvious that their continuation was fully justified.

In 1931 part of the Marlborough public assistance institution was opened as convalescent accommodation for children. In 1927 an experimental scheme for remedial exercises was commenced in Chippenham and an instructress in remedial exercises was appointed in 1929. In that year, besides visiting schools to teach exercises, she delivered a course of five lectures which were attended by 71 teachers.

Arrangements were also commenced in 1930 for the free supply at school, during the winter terms, of cod liver oil emulsion for children found on medical examination to be undernourished and whose parents could not afford to provide it themselves. Free milk could also be given on medical examination.

The Second World War brought difficulties, as in the case of the First World War, of maintaining the services with a depleted staff. It also added the problem of a considerable number of children who had been evacuated from London and other large towns to Wiltshire.

This short history of the school health service does not relate to the Borough of Swindon or, before 1946, to the City of Salisbury. Until 1946 Swindon and Salisbury were separate education authorities from Wiltshire County Council and then Swindon became an Excepted District under the Education Act 1944 and the Swindon Borough Council remained administratively responsible for the School Health Service there. Consequently the course of events has been somewhat different in Swindon and also in Salisbury until 1946.

Dr. J. Burman Lowe was appointed School Medical Officer in September 1945 when Dr. Tangye retired.

In 1945 the Education Act 1944 came into operation. This included a legal duty to provide comprehensive medical treatment for children at maintained schools and a more clearly defined duty to discover what handicapped

children there were in the County and to recommend special educational treatment for them where appropriate. The first of these duties resulted in the Education Committee finding itself responsible for meeting the cost of treatment of any school children admitted to hospital and the Ministry of Education negotiated with the British Hospital Association rates of payment which were broadly speaking on the basis of 75% of the ascertained cost of the in-patient and out-patient treatment subject to certain maxima. Up to the end of 1946, £7,600 had been paid to voluntary hospitals.

In 1948 the commencement of the National Health Act 1946 relieved the County Council of the cost of hospital treatment for school children but the duty to provide medical examinations and treatment for school children remained. The Ministry of Education and Ministry of Health advised on the demarcation lines of responsibility for treatment between the new hospital services and the education authority. Broadly speaking child guidance, speech therapy, dental examinations and treatment, and treatment of minor ailments remained with the school health service but the hospital authorities took over the consultant clinics for ear, nose and throat, orthopaedic, eye and heart clinics although for all except orthopaedic these clinics' arrangements for appointments and records for school children continued to be dealt with administratively by the school health service. This administrative arrangement is still unchanged for eye and heart clinics.

In Wiltshire the first arrangements for child guidance clinics were made in 1948 although during 1947 a few children were referred to a clinic in Bath. Speech therapy clinics also commenced in 1948. These and the dental service expanded steadily in the post-war years but with the availability of the general practitioner services and a considerable improvement in the general condition of the children the attendances at minor ailment clinics gradually declined and these have now been replaced by school medical officers' clinic sessions for special examinations.

The past twenty-five years have seen the development of a comprehensive school health service supplementary to, and with close links with, the general practitioner and hospital services, and with a nationally standardised record card (containing as its starting point all the medical history accumulated in the child's pre-school life) which is transferred from authority to authority as the child moves. Previously the service was mainly directed to the detection of defects and handicaps and to their treatment. While this aspect has continued to develop, there has been an increasing emphasis on the general welfare and promotion of the well-being of the children.

Dr. J. Burman Lowe retired and in December 1953 was succeeded as Principal School Medical Officer by Dr. C. D. L. Lycett.

In 1955 the school health service became the responsibility of only one sub-committee of the Education Committee, the School Health and Attendance Sub-Committee, whereas formerly its work was divided between two. This change had important results in enabling a comprehensive view to be taken of school health service provision.

At the end of the Second World War, the only purpose-built clinic in Wiltshire was at Corsham. The finance for building it had been provided by the government during the war because of the large number of war workers in the Corsham area. The only other clinic building was the old Trowbridge Hospital which had been acquired in 1929. A programme of clinic building by the Health Committee began with a clinic at Salisbury, opened in 1961 and followed by others at Devizes, Chippenham, Warminster, Melksham and a replacement at Trowbridge. Converted premises were provided at Marlborough and Malmesbury and more recently health centres have been opened at Amesbury and Calne, both in 1970. These clinics and health centres provide under the same roof a variety of services for pre-school children as well as school children. Apart from their value in providing an enhanced standard of service, they are places at which members of different professions on the staff, and some consultants, meet in the course of their work. Health centres are also centres for general medical practice; children are discussed and views exchanged with benefit to both the staff and the children.

Every occasion when a member of the school health service medical or professional staff meets a child or a parent in the course of his or her duties (for example at a medical or dental examination, a visit of a health visitor to a school or the attendance of a child at a speech therapy clinic) is an opportunity for health education. In addition more formal methods of health education have been introduced such as talks to children and parent-teacher associations on, for example, the dangers of smoking, and general child care and the participation of health visitors in suitable aspects of the school curriculum.

Exchange of information between the school health service, hospital specialists who see children and general medical practitioners has been invaluable in enabling treatment of children in hospital, both as in-patients and out-patients, to be followed up with appropriate care in school so that the effects of ill-health and handicaps on their education and school life can be minimised.

One example of this is the work of the hearing therapists of whom the first was appointed in 1960. They have information from ear, nose and throat consultants and themselves visit hospital ear, nose and throat departments. They advise parents, children and teachers on the educational and other problems of children with hearing difficulties, supervise the use of hearing aids, use sophisticated methods to assess hearing and information they provide on the children's progress is fed back to hospitals and general practitioners.

Various screening processes to supplement medical examinations have also been introduced since the war. Vision testing by school nurses commenced in 1953 for eight year old children and was later extended to those of ten and twelve years old. Audiometric screening of children in their first year at school began in 1957. In 1965 routine screening intelligence testing organised by the educational psychologists for seven year old children commenced. Later experience showed the desirability of substituting tests of attainment at this age. When appropriate, results of these tests are passed to family doctors and hospital specialists. (Also, individual children are given hearing, vision or intelligence tests at the requests of consultants, general practitioners or school doctors).

These screening procedures are also part of the process of ascertaining handicapped pupils, which was a duty under the Education Act 1944. At first it was difficult to find sufficient medical and other staff for this work but gradually it became fully undertaken. In 1948, 218 children were classified as handicapped pupils as compared with 1,628 at the end of 1972; this indicates improved methods of discovery and assessment.

The increased rate of discovery of handicapped children highlighted the need for an increase in the provision for special education. The Education Committee consequently established special schools for educationally subnormal boys and girls and for maladjusted boys, also a number of special classes in ordinary schools for educationally subnormal pupils. Peripatetic teachers of the partially hearing and of remedial teaching were also appointed by the Education Committee.

The Education Authority's duty to provide treatment has been used to supplement the National Health Service by providing services and equipment which were not otherwise available. Chiropody treatment for school children is provided on medical recommendation by chiropodists in private practice although this was replaced in parts of Wiltshire in 1972 by a pilot scheme for examination and treatment by County Council chiropodists. Speech therapy clinics were begun in 1947 but for many years insufficient speech therapists have been available to meet the demand. The speech therapy profession is of comparatively recent origin and is almost exclusively filled by women. The number of speech therapists available has in the last few years been increased by those coming back to work, often part-time, as their children became old enough to permit this. For this reason a fuller provision is now being maintained in the County.

The arrangements for the routine medical examination of children had provided for every child to be examined in his first year at school, at the age of 10 and in the last year of compulsory school attendance. The children found to have 'defects' were followed up by being re-examined until the doctor considered they could be discharged from observation. The school medical officer visited each school twice a year, once for the routine examinations and once for re-examinations, so that children under observation were re-examined annually. This scheme commenced in 1915 and had continued virtually unchanged except that in the middle 1950's some flexibility was introduced in the interval between the re-examinations of individual children.

Towards the end of the first decade after the Second World War, by which time the general condition of children had vastly improved, it began to be questioned whether the expenditure of medical time, of which there had never been enough, was justified in examining large numbers of fit children. The Ministry of Education had specified the three age groups to be examined but in 1953 relaxed this and permitted experimentation with more flexible systems. In Wiltshire two pilot schemes of alternative methods were introduced in 1956. In one area, which corresponded roughly with the catchment areas of the secondary modern schools at Stratton St. Margaret, Marlborough and Wroughton, an additional routine examination was carried out at the age of eight. The other pilot scheme, in the catchment areas of the secondary modern schools at Chippenham and Calne, provided for routine examinations on school entry and in the last year of compulsory school attendance with a system of selection for examination, as a result of consultation between the doctor and head teacher, and the use of information from the many sources available as regards children between those ages. In all other parts of the County the traditional method continued.

These pilot schemes continued, with assessments of their effectiveness at intervals, until 1970, by which time the children who had been school entrants at the beginning of the schemes had had their medical examinations before leaving. The selective method had advantages in promoting a closer relationship with the staff of schools and in obtaining a more comprehensive view of children whose health or normal development was thought to be in doubt although it might prove to be a no more effective method of discovering defects. It was decided that on balance the selective method of medical examinations had more advantages than the other scheme or the traditional method, and

this was the experience of similar trials in other parts of the country. It was, therefore, with modifications resulting from the experience gained, adopted for the whole of the County in April 1971.

Under the scheme, the school doctor visits every school twice each term, the first occasion being mainly to select children for examination. In doing this he has the benefit of information which has become available since his last visit as a result of exchange of information with hospital specialists, results of attendance at clinics, the screening tests of hearing, vision and intelligence, information from nursing and other professional staff, and questionnaires filled in by parents of children aged 10. In the light of all this information which is available to him in the school medical records, he discusses the children with the head teacher, such other school staff as may be appropriate and the health visitor or school nurse. Those selected for examination will include children previously noted for observation as well as those who it appears from the information and consultation should be examined. The doctor's second visit each term is to examine the children selected and any who are due to be seen as a routine because of their age.

Another development which began in 1971 was the entry of general medical practitioners into the service as part-time school doctors. This is a particularly satisfactory arrangement where the children at a school are almost all the patients of one practice and the family doctor is then also the school doctor. At present there are 21 schools with general practitioners acting as school doctors and it is to be expected that this arrangement will gradually extend with the whole-time school medical officers increasingly devoting their time to the work for which special training and experience particularly fits them, such as the assessment and supervision of handicapped children and advanced health education.

In 1955 BCG immunisation against tuberculosis was introduced for thirteen year old children. This at first was restricted as a trial scheme to certain areas but by 1958 had been extended to the whole County. At first it was very difficult to organise because the liquid vaccine had a life of only a few days from the time it left the manufacturers; plans had to be made against the expected delivery. The programme involved a tuberculin test seven days before vaccination, a post vaccination test eight weeks later and follow-up tests at annual intervals. The introduction of freeze dried vaccine in 1958, which can be kept in a refrigerator for long periods, simplified the organisation. Also in 1958 the Department of Health decided that experience had shown the post vaccination tuberculin test to be unnecessary, an examination of the site of the vaccination after an interval of not less than six weeks being sufficient. In the Salisbury area a trial scheme was introduced in 1965 of giving tuberculin tests to all five year old children as a means of early detection of tubercular infection. However, only one case of primary tuberculosis having been discovered by this means, it was ceased in 1968 as not being justified.

Immunisation against rubella was introduced in 1970 for girls between the ages of 11 and 14. By this means it is expected to reduce very considerably the number of children born with handicaps as a result of their mothers contracting rubella in early pregnancy.

The school dental service developed in extent and quality alongside the rest of the school health service of which it is an integral part. The appointment of the first "County Dentist" in 1913 is mentioned above. This was followed in 1914 by the setting up of the first permanent dental clinic at Trowbridge. In 1929, by which time there were three dental officers, one was appointed "Senior County Dentist". The clinic accommodation was limited until the building of clinics for general health and school health purposes provided modern dental suites. However, in 1949 the first of six mobile dental clinics was put into service. A significant advance in the service occurred in 1958 with the appointment of the first full-time orthodontist. The history of the school dental service is dealt with in more detail in the report of the Principal School Dental Officer.

One of the problems of the school health service in Wiltshire has been the expanding population. In 1908 the number of school children was 36,783; by 1946 it was 31,431 and in 1972 had increased to 71,928.

It would not be right to leave the history of the Wiltshire School Health Service without mentioning the fire which occurred in the office on the 11th January 1958. This destroyed all the furniture and the largest part of the records. By considerable effort on the part of the professional and the clerical staff the individual record cards were largely reconstructed by obtaining information from family doctors, health visitors and hospitals and by photographing records which were charred and damaged by water. The service was continued without a break and without significant detriment to the school children.

For the future it can be hoped that the incorporation of the school health service in the reorganised National Health Service will result in the already strong links with the hospitals and general practitioners being strengthened. Already there is close integration with the services for pre-school children so that progress has been made towards a comprehensive child health service. It can be expected that this will develop further with the lessening of the division of responsibility between the Department of Health and Social Security and the Department of Education and Science.

School Population

The number on the rolls of maintained schools, excluding the Borough of Swindon, in January of each of the previous ten years is given below:—

Year	1963	...	...	...	...	49,643	1968	...	...	...	...	60,103
	1964	...	...	...	...	51,516	1969	...	...	...	...	62,619
	1965	...	...	...	...	53,465	1970	...	...	...	...	65,231
	1966	...	...	...	...	55,009	1971	...	...	...	...	67,432
	1967	...	...	...	...	57,036	1972	...	...	...	...	70,355

In January 1973 the details were as follows:—

											<i>Number of Schools</i>	<i>Number on Roll</i>
Primary	...	...	...	...	...	...	...	...	...	...	272	45,402
Middle Schools		...	...	...	...	...	...	...	...	...	1	235
Secondary:—												
Modern	...	...	...	...	...	...	...	...	...	...	25	12,275
Comprehensive		...	...	...	...	...	...	...	...	...	10	8,660
Grammar		...	...	...	...	...	...	...	...	...	6	4,091
Special Schools		...	...	...	...	...	...	...	...	...	9	496
Direct Grant, Non-maintained and Independent Schools, including Non-maintained Hospital Special Schools (under arrangements made by the Authority)												
	...	...									—	769
											323	71,928

Excepted District of Swindon (in addition):—

Primary	...	...	...	...	...	...	...	...	...	...	46	11,247
Secondary Comprehensive		...	...	...	...	...	...	...	...	...	15	9,947
Special Schools		...	...	...	...	...	...	...	...	...	5	338
Direct Grant, Non-maintained and Independent Schools, including Non-maintained Hospital Special Schools (under arrangements made by the Authority)												
	...	...									—	47
											66	21,579

Staff

Principal School Medical Officer and County Medical Officer of Health:—
C. D. L. Lycett, M.D., B.S., D.P.H., F.F.C.M.

Deputy Principal School Medical Officer and Deputy County Medical Officer of Health:—
J. H. Whittles, *T.D.*, M.D., B.S., B.Sc., D.P.H., M.F.C.M.

Senior Medical Officers:—
E. Hazel Williams, M.B., B.S., D.P.H., D.C.H., M.F.C.M.
S. W. W. Terry, M.B., B.S., D.P.H., D.T.M. and H., M.F.C.M.

Principal Borough School Medical Officer and Medical Officer of Health for Swindon:—
J. Urquhart, M.B., Ch.B., D.P.H.

School Medical Officers:—
W. E. Anwyl, M.R.C.S., L.R.C.P., D.P.H., D.I.H., M.F.C.M. (Also Medical Officer of Health, Highworth Rural District).
P. C. Barry, L.R.C.P. and S., D.P.H., M.F.C.M. (Also Medical Officer of Health, Devizes Borough and Devizes Rural District). (Resigned 8th December, 1972).
S. E. Cupples, M.B., B.Ch., B.A.O., D.P.H., M.F.C.M. (Also Medical Officer of Health, Warminster Urban District, Westbury Urban District, Warminster and Westbury Rural District).
F. R. T. Hollins, B.A., M.B., B.Ch., B.A.O., M.F.C.M., D.P.H. (Also Medical Officer of Health, Salisbury City).
E. H. Lamb, M.B., Ch.B., D.P.H., D.I.H., O.S.J., M.F.C.M. (Also Medical Officer of Health, Cricklade and Wootton Bassett Rural District).
F. J. G. Lishman, M.D., B.S., D.P.H., D.L.O., L.M.C. (Canada), M.F.C.M. (Also Medical Officer of Health, Wilton Borough, Salisbury and Wilton Rural District, Mere and Tisbury Rural District).
F. D. F. Steede, M.B., B.Ch., B.A.O., D.P.H., M.F.C.M. (Also Medical Officer of Health, Marlborough Borough, Amesbury Rural District, Pewsey Rural District, Marlborough and Ramsbury Rural District).
G. Wolfenden, M.B., B.Ch., B.A.O., D.P.H., M.F.C.M. (Also Medical Officer of Health, Melksham Urban District and Bradford and Melksham Rural District).
J. R. R. Wray, M.R.C.S., L.R.C.P., D.P.H., M.F.C.M. (Also Medical Officer of Health, Calne Borough, Chippenham Borough, Malmesbury Borough, Calne and Chippenham Rural District, Malmesbury Rural District).
Athene H. Baldwin, L.R.C.P., M.R.C.S. (Commenced 10th January, 1972).
A. F. Fowler, M.R.C.S., L.R.C.P., D.T.M. and H., D.P.H.
H. Margaret Hammond, M.B., Ch.B.
J. S. Harper, M.B., Ch.B., M.R.C.P., D.P.H.
Delia F. Morris, M.B., B.S., D.P.H., M.F.C.M. (Resigned 16th January, 1972).

Psychiatrists (Part-time):—
R. F. Barbour, M.A., F.R.C.P., D.P.M.
M. C. C. Bird, M.B., Ch.B., D.P.M. (South-West Regional Hospital Board).
T. A. A. Hunter, B.A., M.B., B.Ch., M.R.C.P.
J. E. Oliver, M.B., B.S., D.P.M. (Oxford Regional Hospital Board).
K. C. P. Smith, M.R.C.S., L.R.C.P., D.P.M.

Educational Psychologists:—
C. S. Rushton, B.A.
R. C. Hamilton, M.A., Ed.B., B.Sc., B.Litt.

Psychiatric Social Workers:—
Mrs. D. J. Runswick.
Miss J. Pick.

Trainee Psychiatric Social Workers:—
Mrs. J. Benefield, B.Sc.

Child Guidance Social Workers:—
Mrs. S. Bentley (Commenced 10th January, 1972).
Mrs. M. Coulter (Part-time).
Mrs. A. P. Wallis (Part-time, commenced 18th September, 1972).

Principal School Dental Officer and Chief Dental Officer:—
D. Middleton, L.D.S., R.C.S. (Eng.)

Area Dental Officers:—
I. Hopes, B.D.S. (U.Brist.), D.D.P.H.
W. A. Humpherson, L.D.S., R.C.S. (Eng.), B.D.S. (U. Lond.), D.D.P.H.

Orthodontists:—

A. J. Bradbury, B.D.S., D.Orth., R.C.S. (Commenced 9th October, 1972).
Dorothy M. Y. Campbell, L.D.S., D.D.O., R.F.P.S. (Resigned 8th July, 1972).

School Dental Officers:—

P. M. Balfe, B.D.S.
Mrs. P. H. Buckland, L.D.S. (Commenced 27th November, 1972).
Mrs. S. E. Chivers, B.D.S. (Commenced 21st November, 1972).
Patricia Ensum, L.D.S.
A. E. Fisher, B.D.S.
J. Green, B.D.S. (Resigned 29th September, 1972).
C. A. J. Heath, L.D.S., R.C.S.
Mrs. J. I. Heath, B.D.S.
P.R. I'Anson, L.D.S., R.C.P.S.
D. T. Lacey, B.D.S.
P. H. W. Maynard, L.D.S., R.C.S. (Commenced 1st May, 1972).
E. D. G. Medley, L.D.S., R.C.S., B.D.S., B.Sc. (Resigned 27th October, 1972).
C. J. Nash, L.D.S.
A. B. Russell, B.D.S. (Resigned 31st March, 1972).
Miss P. M. Simpson, L.D.S., V.U. (Commenced 16th October, 1972)
W. E. Starkey, L.D.S., R.C.S.
E. D. Whiteley, L.D.S., R.C.S.

Dental Auxiliaries:—

Miss M. F. Chesters.
Miss G. D. Fitzpatrick (Commenced 11th September, 1972).
Miss J. E. McKillop (Resigned 6th October, 1972).
Miss M. C. Wallace.

Chief Administrative Assistant:—

R. M. Bainton.

Remedial Instructresses:—

Miss D. M. Jones.
Mrs. J. Samuel.
Miss R. M. Slinger.

Speech Therapists:—

Mrs. L. M. Copeland (Part-time).
Mrs. P. J. Hoare (Part-time).
Mrs. I. Jarvis.
Mrs. J. R. Michie (Part-time, resigned 30th September, 1972).
Mrs. A. L. Phillips (Part-time, commenced 18th September, 1972).
Mrs. C. M. Richardson (Part-time, resigned 30th June, 1972).
Miss S. M. Williams.

Hearing Therapists:—

D. W. Brown, B.A.

Audiometricians (Part-Time):—

Mrs. S. Lovelock.
Mrs. R. Matthews.

The establishment of medical officers is sixteen for work in both the school health service and the local health authority services. Ten of the established posts are for doctors who are also district medical officers of health and who all share in the clinical work of the school health service. In addition general medical practitioners and other part-time doctors are employed within a specified budget provision.

At the beginning of 1972 there were three vacancies on the establishment, one was filled in January but it is not intended to fill the others but rather to extend the work undertaken by general practitioners and also to employ further part-time doctors.

At the end of the year 13 general medical practitioners and nine other part-time doctors were employed in the school health service. Their work, apart from that of two doctors who had previously worked full-time in the department, is limited to school medical examinations and some clinic work leaving the assessment and supervision of handicapped pupils and other more specialised work to the doctors who are employed full-time.

The general practitioners employed on a sessional basis during 1972 were Dr. D. Baston, Dr. J. C. Brown, Dr. B. P. Clarke, Dr. P. J. Higgins, Dr. C. James, Dr. J. W. Kirkbride, Dr. W. T. Mills, Dr. J. R. Purser, Dr. M. Pym, Dr. P. A. H. Rivett, Dr. T. J. Tiplady, Dr. E. Webb and Dr. B. Williams. The other part-time doctors were Dr. C. L. Broomhead, Dr. D. Chesshire, Dr. S. Gage, Dr. B. Hanson, Dr. C. Horrocks, Dr. P. J. Money, Dr. M. E. Munro, Dr. B. Popham and Dr. N. Strelitz. In all at the end of 1972 the time devoted to the school health service by whole-time medical officers (excluding headquarters medical staff), general medical practitioners and other part-time doctors was the equivalent of 7.8 whole-time doctors.

The dental establishment is one Principal School Dental Officer, two area dental officers, two orthodontists, seventeen dental officers and six auxiliaries. At the end of 1972, there were vacancies for two dental officers and two dental auxiliaries. The following were employed on a part-time sessional basis:— Miss D. M. Y. Campbell and Miss H. C. Peace (Orthodontists), Mr. A. T. Craig, Mrs. J. Ellwood and Mrs. E. B. Medley (dental officers), and Mrs. A. F. Lacey (dental auxiliary).

Although there are two educational psychologists on the school health service staff, they work half-time in the school psychological service, and two psychologists on the staff of the Education Department devote half of their time to child guidance work.

There is one whole-time school nurse, seven part-time school nurses and 90 school health visitors. In the aggregate, this is equivalent to the services of approximately 12 whole-time school nurses.

The establishment of speech therapists is five-and-a-half. In addition to those named on page 15, Mrs. E. Broadbent, Mrs. J. M. Coates, Mrs. M. M. Howard, Mrs. J. King-Reynolds and Mrs. P. Thompson were employed on a part-time sessional basis. At the end of 1972, all the speech therapists employed were equivalent to 4.3 whole-time officers, there being vacancies for the equivalent of 1.2 speech therapists.

The following chiropodists devoted part of their time (amounting in total to the equivalent of one whole-time officer) to work in the School Health Service:— Mr. C. L. R. Rees, S.R.Ch., (Chief Chiropodist), Mrs. R. Ayre, A.Ch.S., S.R.Ch., Mrs. E. M. Cutler, M.Ch.S., S.R.Ch., Mr. G. H. Gander, M.Ch.S., S.R.Ch., Mr. W. Granger, S.R.Ch., and Mrs. L. Searle, S.R.Ch.

Medical Examinations and Treatment

The scheme of selective medical examinations which began in April 1971 continued during 1972. Children are examined shortly after entry to school and in the year before they reach statutory school leaving age. Between these ages any child may be selected for examination by the school doctor. Selections are made in consultation with the head teacher, with any other teaching staff when appropriate and the school health visitor or school nurse. In making the selection the doctor considers the school medical records and any information which may be available about the children's health, including reports from hospitals, clinics, educational psychologists and other professional members of the Health Department staff.

The parents of children entering schools for the first time receive a booklet giving information about the School Health Service. It tells them of the examinations they can expect their children to receive and of the facilities available to them. The booklet also informs parents that their children may be examined at any time at their request.

As an adjunct to selection for examination, parents of all children aged ten are invited to complete a questionnaire about their children's health and medical history.

The school leaving age is to be raised to 16 in 1973 and as a result nearly all the children who would otherwise have been examined as "leavers" in 1972 will remain at school a further year. Their examinations had therefore to be postponed a year and therefore the number of older children to be examined was reduced very considerably. This was fortunate as 1972 had started with arrears of medical examinations of approximately 3,500 children because of difficulty in filling vacancies in the medical staff in 1971. The staffing position improved early in 1972 and this with the reduction in the number of "leavers" to be examined enabled all the arrears to be cleared by the end of the year. This and the effect of a full year working the new system are reflected in the figures given below.

Entrant Examination	...	...	...	...	...	...	8,162	(5,805)
Leaver Examination	...	...	...	...	...	...	1,172	(2,183)
Intermediate and other periodic examinations					...	...	—	(3,528)
							9,334	(11,516)
Special Examinations	...	...	...	...	...	...	2,555	(1,024)
							11,889	(12,540)
Re-examinations	...	...	...	...	...	...	8,641	(4,080)

The following table shows the proportion of parents who attended at the children's medical examinations:—

					<i>Percentage of parents present</i>				
					1968	1969	1970	1971	1972
Entrant examination	...	...	...	...	87.1	87.2	87.2	90.2	89.4
Leaver examination	...	...	...	...	11.8	13.5	11.8	11.5	11.9

PROVISION OF MILK IN SCHOOL ON THE GROUNDS OF HEALTH

The Education (Milk) Act 1971, had the effect of making free milk for children in ordinary primary schools who are over the age of seven only available when a school medical officer certifies that a pupil's health requires that he should be provided with the milk. Such a certificate is normally only to be given as a result of a medical examination. The selective method of medical examinations provides a means by which children needing milk may be brought forward for identification and doctors bear this need in mind when selecting children for examination. Head teachers, school health visitors and school nurses have been asked to bring to the doctors' notice, any children for whom they consider milk may be desirable. The Act came into force on 1st September, 1971, and 48 children had been recommended to have free milk on health grounds during 1972.

The Chief Education Officer states that 15,930 children up to the age of seven outside the Exempted District of Swindon were supplied with milk on an average day in October. This was 93% of the children who were entitled to take milk.

FINDINGS AT MEDICAL EXAMINATIONS

The percentage of children whose general physical condition was recorded as unsatisfactory at periodic medical examinations in the past ten years is as follows:—

	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Percentage unsatisfactory	0.8	0.8	0.6	0.6	0.4	0.2	0.12	0.10	0.35	0.31

The numbers of children found to require treatment were as follows:—

Age Groups Examined	For defective vision (excluding squint)	For any of the other conditions recorded	Total individual pupils
Entrants	367	1653	1801
Leaver Examinations	144	135	179
Other periodic and special examinations	167	503	612
	678	2291	2592

Total number of children examined 11889

Percentage of those examined found to require treatment 19.26

Percentage of those examined found to require treatment for conditions
other than defective vision 5.71

Comparative figures over a period of five years are given in the table below. The first column in each year is the number of children who needed treatment for any condition, including defective vision. The figures in brackets exclude children who were found to need treatment for defective vision only.

Percentage of children examined found to require treatment:—

	1968	1969	1970	1971	1972
Entrants	18.5 (16.7)	18.3 (16.8)	15.8 (14.5)	19.6 (16.2)	22.1 (20.3)
Leaver examinations	17.8 (11.3)	20.3 (11.9)	25.6 (20.2)	18.0 (11.9)	15.3 (11.5)
* Other periodic and special examinations	— —	— —	— —	16.6 (12.6)	23.9 (19.7)
All examinations	19.0 (14.8)	19.4 (15.1)	15.6 (12.4)	18.0 (14.2)	21.8 (19.3)

*Comparable figures are not available for years before 1971.

The following tables show the number of children in each year of birth found at periodic examinations to have satisfactory or unsatisfactory physical condition and of those who require treatment.

Age groups inspected (By year of birth)	No. of pupils who have received a full medical examination	Physical condition of pupils examined		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory	for defective vision (excluding squint)	for any other condition	Total individual pupils
		No.	No.			
1968 and later	53	48	5	2	13	13
1967	3916	3893	23	157	732	791
1966	4193	4179	14	208	908	997
1958	190	190	—	27	32	33
1957 and earlier	982	981	1	117	103	146
TOTAL	9334	9291	43	511	1788	1980

RETURN OF DEFECTS FOUND BY MEDICAL EXAMINATION

Defect or Disease									Periodic Examinations			Special Examinations
									Entrants	Leavers	Total	
Skin	...	...	...	...	...	...	...	T O	94 128	25 7	119 135	61 47
Eyes –	(a)	Vision	...	...	...	...	...	T O	367 583	144 75	511 658	242 188
	(b)	Squint	...	...	...	...	...	T O	163 92	7 6	170 98	37 12
	(c)	Other	...	...	...	...	...	T O	13 11	– 4	13 15	11 10
Ears –	(a)	Hearing	...	...	...	...	...	T O	195 468	5 13	200 481	140 192
	(b)	Otitis Media	...	...	...	...	...	T O	46 129	– 5	46 134	41 32
	(c)	Other	...	...	...	...	...	T O	44 43	2 1	46 44	18 10
Nose and Throat	...	...	...	...	...	...	...	T O	186 489	7 18	193 507	94 123
Speech	...	...	...	...	...	...	...	T O	139 136	1 1	140 137	52 31
Lymphatic Glands	...	...	...	...	...	...	...	T O	5 141	– 4	5 145	4 10
Heart	...	...	...	...	...	...	...	T O	27 63	4 5	31 68	14 16
Lungs	...	...	...	...	...	...	...	T O	60 129	5 14	65 143	42 76
Developmental –	(a)	Hernia	...	...	...	...	...	T O	21 21	1 1	22 22	5 8
	(b)	Other	...	...	...	...	...	T O	56 162	5 9	61 171	37 51
Orthopaedic –	(a)	Posture	...	...	...	...	...	T O	82 29	5 2	87 31	32 17
	(b)	Feet	...	...	...	...	...	T O	355 203	18 8	373 211	104 45
	(c)	Other	...	...	...	...	...	T O	113 96	13 13	126 109	51 34
Nervous System –	(a)	Epilepsy	...	...	...	...	...	T O	11 14	8 4	19 18	15 32
	(b)	Other	...	...	...	...	...	T O	38 65	1 1	39 66	24 39
Psychological –	(a)	Development	...	...	...	...	...	T O	27 102	5 6	32 108	36 58
	(b)	Stability	...	...	...	...	...	T O	22 84	5 7	27 91	19 35
Abdomen	...	...	...	...	...	...	...	T O	13 33	1 3	14 36	10 26
Other	...	...	...	...	...	...	...	T O	110 134	12 9	122 143	70 77

T – Requiring Treatment O – Requiring Observation

INFESTATION

The total number of examinations by school health visitors carried out in 1972 was 185,485.

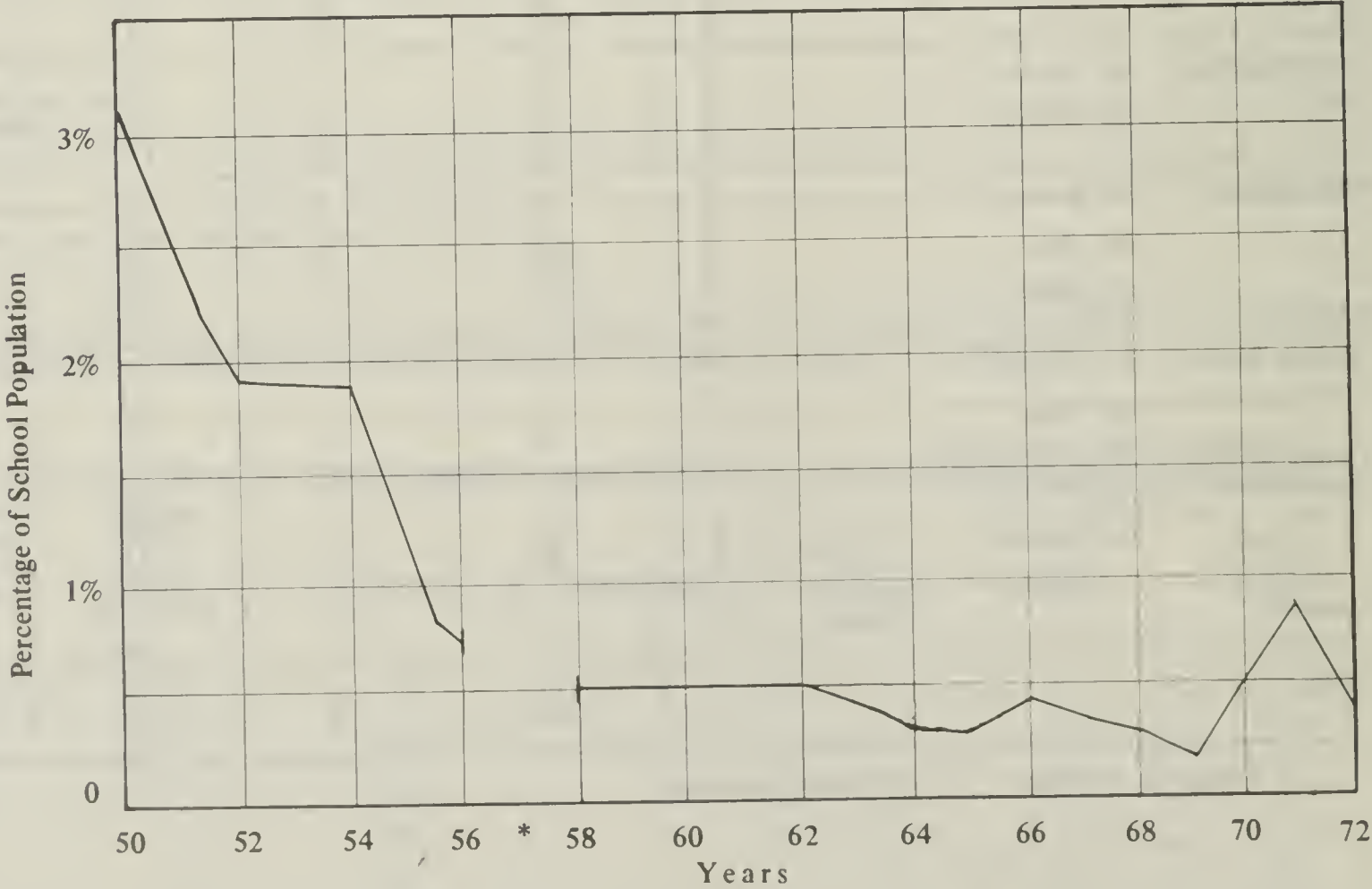
The following tables shows the incidence of head infestation in the last eleven years.

	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Children found to be infested	268	211	186	186	202	139	114	95	288	423	303
Percentage of school population	0.540	0.410	0.349	0.345	0.354	0.234	0.206	0.146	0.443	0.62	0.43
Cleansing notices issued	42	53	35	26	20	20	12	18	69	97	62

It is the usual practice for children in primary schools to be examined by school health visitors or school nurses once a term, and in secondary schools for each child to be seen once a year individually and in private with more emphasis on general health matters than on the search for head lice. However, in the Autumn 1970, because of an increase in infestation, examinations of the heads of all children in secondary as well as primary schools were carried out and these continued once every term throughout 1972. Although the number of children found to be infested in 1971 and 1972 was greater than for some years there is hope that this problem is being overcome. However, in any case the percentage of children with infestation to the school population is still very small and looked at in relation to the decline in such infestation in the past 20 or so years it is seen in proportion. The diagram below shows this.

The matter is being kept under close observation and examinations of each child in primary and secondary schools are being continued during the first term of 1973, after which the position will be reviewed.

THE INCIDENCE OF HEAD INFESTATION FROM 1950 – 1972
PERCENTAGE OF SCHOOL POPULATION FOUND TO BE INFESTED



*There were no figures available for 1957 because of a fire at County Hall.

Other Examinations

Special examinations under the following headings were undertaken by school medical officers.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS

	1972	1971
Children examined	123	177
Children considered unfit for employment	0	1

CHILDREN IN CARE

Medical officers visit homes maintained by the Social Services Committee to examine children periodically, and to discuss with the Staff any general health problems concerning children in the homes.

Weekly visits are paid by Dr. R. F. Barbour and Dr. T. A. A. Hunter, child guidance psychiatrists, to Starfield Reception Centre, Holt and St. Michael's Reception Centre, Salisbury, to give general advice to the staff there and the staff of other children's homes and to see children in care and about whom advice is sought by the staff of the Social Services Department. Some of the children are for assessment prior to case conferences and these are also examined by a school medical officer. Dr. E. H. Williams, senior medical officer, Dr. Barbour and Dr. Hunter attend the case conferences.

Boarded out children, and young people in hostels for working boys and girls are examined annually by the general practitioners for the hostels.

MEDICAL EXAMINATIONS OF ENTRANTS TO COURSES OF TRAINING FOR TEACHING AND TO THE TEACHING PROFESSION

The following examinations were carried out under this heading:—

Candidates for admission to teachers' training colleges	351	(402)
Candidates for entry to the teaching profession ...	20	(10)

The figures in brackets relate to 1971.

MEDICAL EXAMINATION OF POLICE CADETS

Police cadets are required to be medically examined at intervals of six months to establish that they are not suffering from any condition which will render them unfit for mustering to the police force at the end of their training. These examinations are carried out by school medical officers. Seventy two examinations of police cadets were carried out in 1972.

Special Forms of Diagnosis and Treatment

HEARING LOSS IN SCHOOL CHILDREN

Part-time audiometricians visit primary schools each term to test the hearing of those children who have commenced school attendance that term.

The extent to which the programme was carried out was as follows:

Carried forward from 1971	—	1,704	
Entrants since visit in 1971	—	8,665	
Total for testing in 1972	—	10,369	
Tested in 1972	—	9,440	(91.0% of those due for testing)
Absent from school at the time of the test	—	847	(8.2% of those due for testing)
Could not be tested because of insufficient time	—	82	(0.8% of those due for testing)

Those not tested in 1972 will have tests early in 1973.

In addition to the entrants to school, the audiometricians test the hearing of any child for whom the school doctor or a specialist may consider audiometry desirable or the teacher or parent requests a test (A special test). Also it is sometimes desirable to repeat test at a later date because, for example, a young child may not co-operate fully, a child may have a cold at the time of the test and the hearing loss therefore be only temporary, or it may be desirable to keep a child with a slight hearing defect under observation. (A repeat test).

Children are considered to have failed the test if they are unable to hear at a level which is just beyond the borderline of normal hearing and this is only an indication that further investigation is desirable. If a child who fails is known to be already under treatment or observation by a specialist or the general practitioner a copy of the audiogram is sent to the doctor. Otherwise the child is seen by the school doctor at the next opportunity, referred to the family doctor or, in some cases of more severe hearing loss, sent immediately to a specialist as may be appropriate in view of the individual circumstances and medical history.

The results of the audiometric testing during the year were as follows:—

	Entrants	Repeats of Entrants	Specials	Repeats of Specials	Total
Tested	9,440	1,354	371	1,607*	12,772
Satisfactory	8,039 (85.2%)	935 (69.0%)	249 (67.1%)	851 (52.9%)	10,074 (78.9%)
"Failed"	711 (7.5%)	250 (18.5%)	117 (31.6%)	745 (46.4%)	1,825 (14.3%)
No positive result (for retesting later)	690 (7.3%)	169 (12.5%)	5 (1.3%)	11 (0.7%)	875 (6.8%)

The figures in brackets are the percentage of those tested under each heading.

*The number of "Repeats of Specials" is greater than the number of "Specials" because the repeats include children who had their first test in the previous year.

HEARING THERAPISTS

The hearing therapists, who are qualified teachers of the deaf, follow up children of all ages who have a hearing loss. Although they work primarily with pre-school children they devote part of their time to school children and give advice to parents and teachers. They supervise the use of hearing aids and visit homes while children are on holiday from special schools. There is a free exchange of information between hospital specialists, the hearing therapists, the audiometricians and the peripatetic teachers of the deaf on the staff of the Education Department.

There is an establishment of two hearing therapists. However, one resigned at the end of May, 1971 and no satisfactory response has been obtained to advertisements. The other has continued to work in the whole County, and figures for the work he has done during the year are as follows:—

Visits to Schools				Visits to Homes	
No. of schools visited	No. of visits to schools	No. of children visited at schools	No. of visits to children at schools	No. of children visited	No. of visits
111 (91)	121 (156)	171 (153)	195 (215)	79 (88)	125 (97)

HEARING AIDS

Children provided with commercial aids 5* (3)
 Number of children using hearing aids in ordinary schools 67 (96)

* 12 other children received National Health Service hearing aids through the hospital service during 1972.

The figures in brackets relate to 1971.

ROUTINE SIGHT TESTING

	Age Groups				
	8		10		12
	Tested by Snellen charts	Tested by Keystone vision screener	Tested by Snellen charts	Tested by Keystone vision screener	Tested by Snellen charts
Number of children tested	4,066	1,948	3,957	1,726	4,671
Found to have normal vision	3,842 (94.5%)	1,858 (95.4%)	3,672 (92.8%)	1,619 (93.8%)	4,267 (91.3%)
Found to have slight visual defect and noted for further observation by medical officer at next school visit or already under observation	145 (3.6%)	45 (2.3%)	221 (5.6%)	71 (4.1%)	279 (6.0%)
Referred to eye clinic	79 (1.9%)	45 (2.3%)	64 (1.6%)	36 (2.1%)	125 (2.7%)

The following tables show the result of reference to eye clinics as a result of testing:—

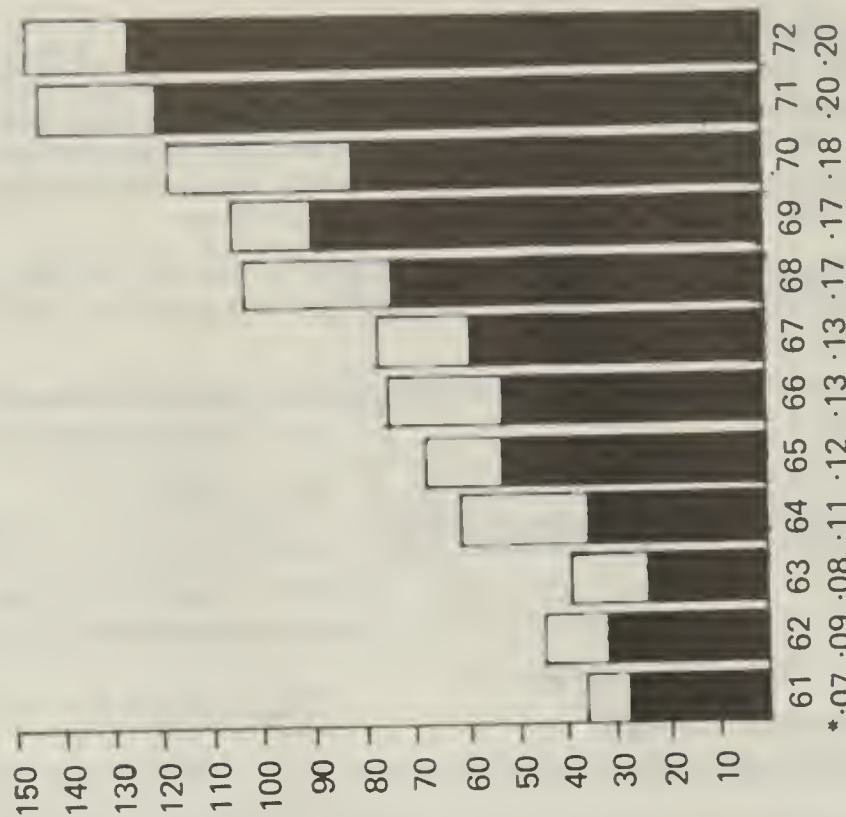
(a) By the Keystone vision screener:

	8 years					10 years	
	1968	1969	1970	1971	1972	1971	1972
Glasses prescribed	10	18	15	26	11	20	11
Kept under observation at the Eye Clinic	6	53	38	32	15	16	6
Referred to hospital	—	7	3	2	2	2	1
Diagnosed as condition other than defective vision	1	—	—	—	—	—	—
Discharged, no treatment needed ...	—	30	17	14	3	17	2
Parents sought treatment elsewhere ...	3	11	7	3	6	14	11
Failed to keep appointments	—	13	6	3	1	1	1
Left Wiltshire	3	6	4	6	4	1	2
Awaiting appointments on 31.12.72 ...	—	—	—	—	3	—	2
	23	138	90	86	45	71	36

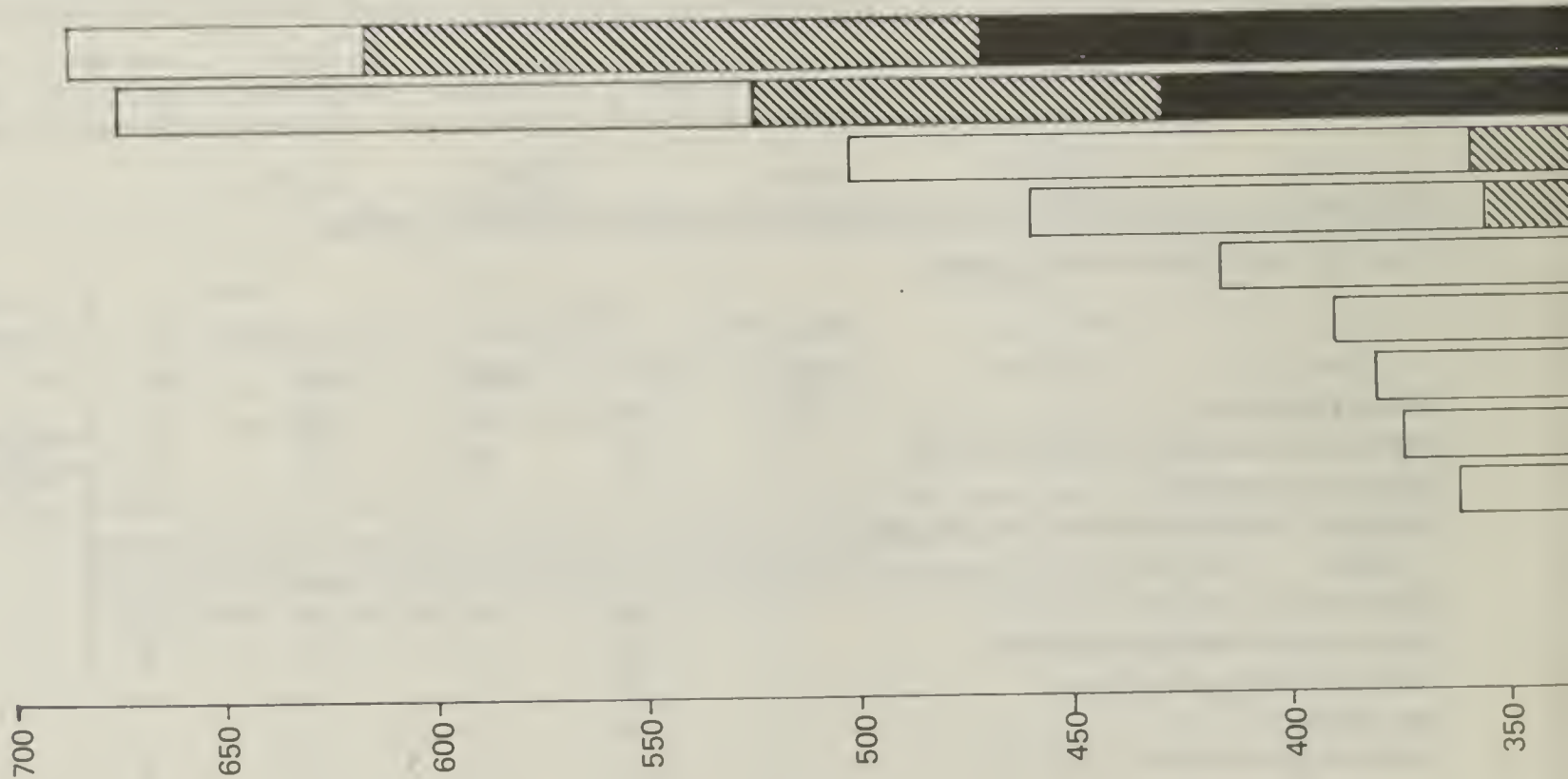
Continued on page 26

HANDICAPPED CHILDREN (See page 29)

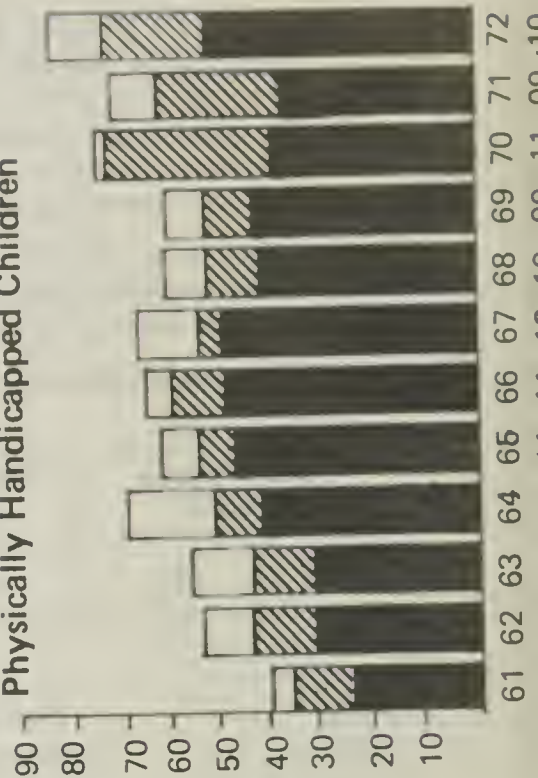
Maladjusted Children

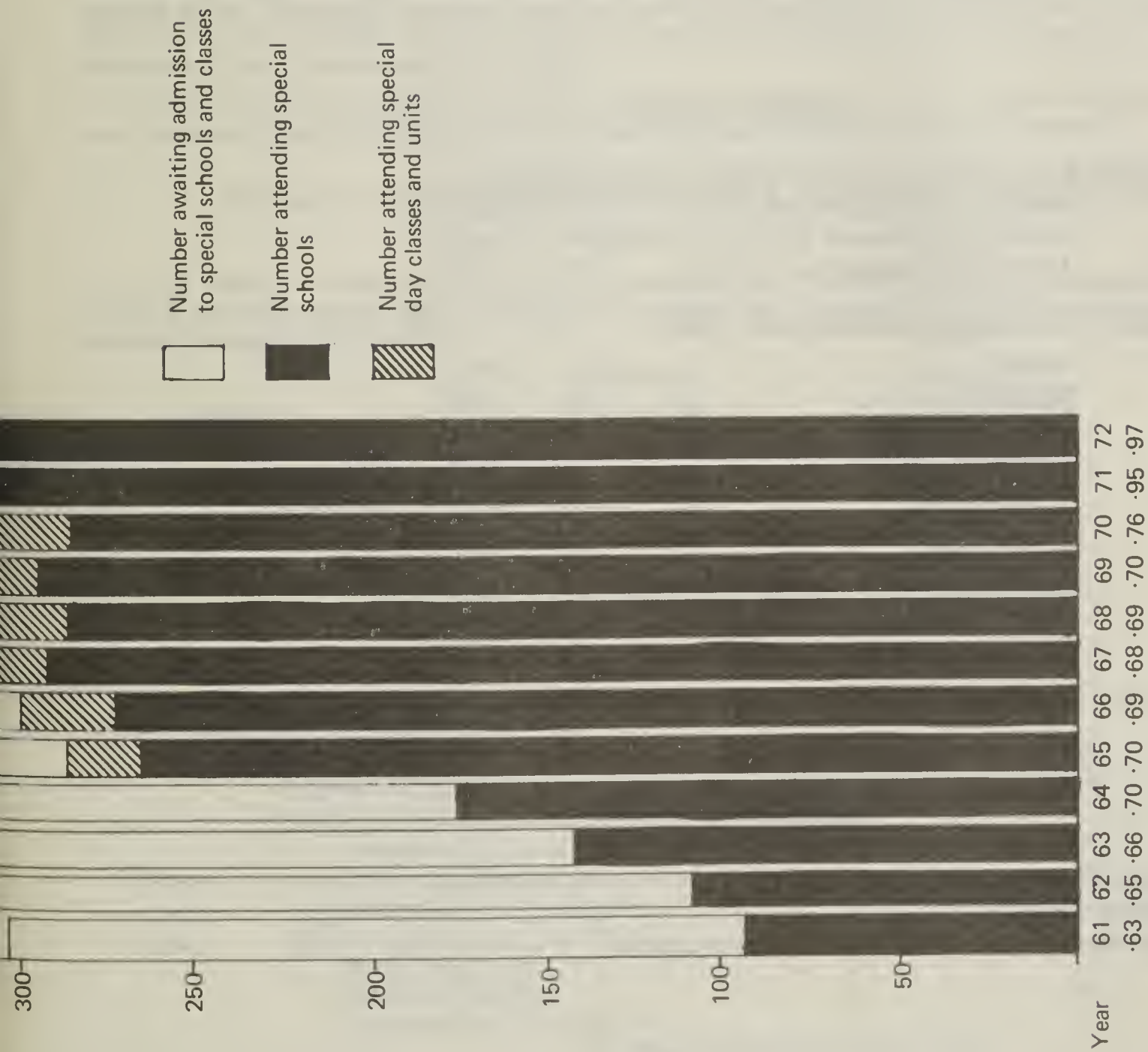


Whole column denotes number requiring education in special schools and classes



Physically Handicapped Children

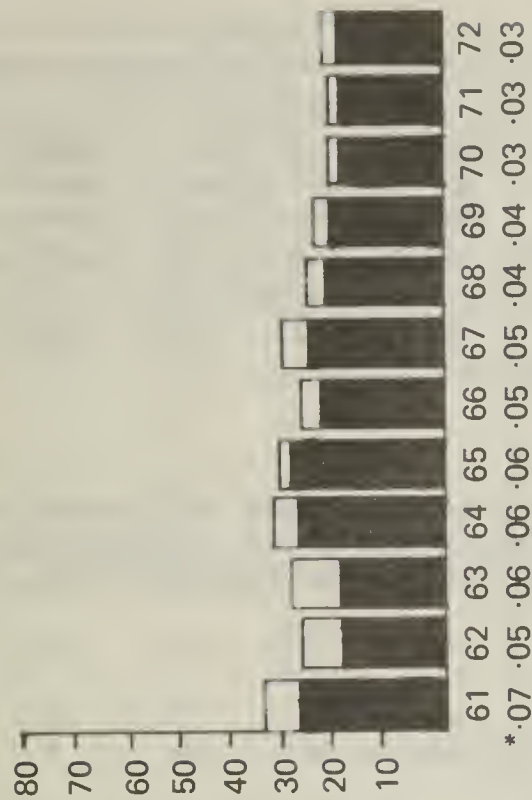




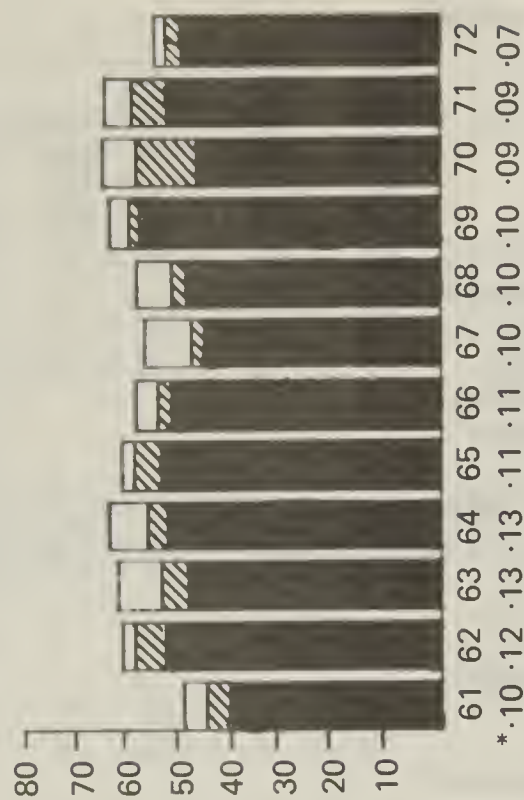
Percentage of school population represented by whole column

Educationally Sub-normal Children

Delicate Children



Other Handicapped Children



*Percentage of school population represented by whole column

(b) By use of Snellen charts

	Aged 8					Aged 10		Aged 12				
	<i>Tested in 1968</i>	<i>Tested in 1969</i>	<i>Tested in 1970</i>	<i>Tested in 1971</i>	<i>Tested in 1972</i>	<i>Tested in 1971</i>	<i>Tested in 1972</i>	<i>Tested in 1968</i>	<i>Tested in 1969</i>	<i>Tested in 1970</i>	<i>Tested in 1971</i>	<i>Tested in 1972</i>
Glasses prescribed ...	45	36	53	27	24	11	17	47	42	30	25	15
Kept under observation at the eye clinic ...	18	43	45	39	17	13	19	26	42	17	31	4
Referred to hospital	3	3	4	2	1	—	2	2	—	—	1	—
Diagnosed as condition other than defective vision ...	2	—	—	—	—	—	—	—	—	—	—	—
Discharged from clinic- no treatment necessary	7	9	7	15	7	1	6	11	12	17	21	11
Parents sought treat- ment elsewhere ...	12	20	19	6	12	8	8	13	12	28	26	9
Failed to keep appoint- ments ...	6	21	22	5	5	5	2	18	10	14	6	4
Left Wiltshire ...	12	5	10	5	6	11	3	4	6	10	8	1
Awaiting appointments on 31.12.72 ...	—	—	—	—	7	—	7	—	—	—	—	81
Left school (previously under observation)..	—	—	—	—	—	—	—	1	—	—	—	—
	105	137	160	99	79	49	64	122	124	116	118	125

SPEECH THERAPY

The following table shows the work done at the various centres during the year.

Number of children attended ...	...	823	(697)
Number of attendances ...	...	7,689	(7,412)
Awaiting appointments at 31.12.72		192	(234)

Conditions for which children attended speech clinics:—

Dyslalia ...	...	472	(361)
Stammer ...	...	76	(78)
Dyslalia and Stammer ...	...	7	(13)
Alalia ...	...	5	(12)
Spastic ...	...	1	(3)
Cleft palate ...	...	16	(16)
Partially hearing ...	...	6	(2)
Retarded speech and language development		63	(128)
Others ...	...	170	(71)
No speech defect found ...	...	7	(13)

The figures in brackets relate to 1971.

REMEDIAL EXERCISES

(a) Number of schools visited including those where P.E. Teachers conducted classes ...	213	(208)
(b) Number of children treated ...	1,693	(1,041)
(c) Number of children discharged during the year included under (b) ...	563	(446)

Conditions for which treatment given

Valgus ankles and flat feet	...	...	...	...	...	...	...	...	...	...	...	827	(737)
Persistent femoral antiversion	...	...	...	...	...	...	...	...	...	...	...	113	(99)
Knock knee	...	...	...	...	...	...	...	...	...	...	...	147	(136)
Curling and overlapping toes	...	...	...	...	...	...	...	...	...	...	...	53	(51)
Hallux valgus	...	...	...	...	...	...	...	...	...	...	...	7	(10)
Faulty posture (i.e. Juvenile Kyphosis, Scoliosis and Lordosis)	...	...	...	...	...	...	...	...	...	...	...	356	(353)
Faulty Thorax development (and Asthma)	...	...	...	...	...	...	...	...	...	...	...	184	(210)
Pes Cavus	...	...	...	...	...	...	...	...	...	...	...	1	(10)

The figures in brackets relate to 1971

CHIROPODY

Arrangements have been made for chiropodists in private practice in Salisbury, Trowbridge, Malmesbury, Corsham and Chippenham to treat school children who have been found by school medical officers to need chiropody treatment. In 1972 the children treated in this way were as follows:—

Verrucae	...	...	...	...	...	...	5	(37)
Corns	...	...	...	...	...	...	6	(3)
Callosities	...	...	...	...	...	...	0	(1)
Ingrowing toenails	...	...	...	...	...	...	4	(6)
Total	...	...	...	...	...	...	15	(47)

The figures in brackets relate to 1971

In September 1972 a trial scheme was introduced in West Wiltshire of chiropody treatment of school children by chiropodists employed by the County Council. The staff establishment of chiropodists was increased by one at the expense of the Education Committee but all the Health Department chiropodists in the area of the trial give part of their time to the treatment of school children but only to the extent that the total time they use for this work is equivalent to that of one wholetime chiropodist.

A full report on the trial scheme is to be made to the Education Committee when it has been in operation for a year but by the end of 1972, 5161 children had been examined by chiropodists and 207 treated.

SPECIALIST CLINICS HELD BY ARRANGEMENT WITH REGIONAL HOSPITAL BOARDS

HEART CLINICS

The table below shows the work carried out during the year. Children who cannot conveniently attend the centres shown in the table and who need investigation for possible heart conditions are referred to the nearest paediatric out-patients department of a hospital.

Consultant	<i>Trowbridge</i>		<i>Salisbury</i>		<i>Total</i>	
	Dr. J. A. Cosh		Dr. R. G. M. Longridge			
New Patients	0	(0)	4	(0)
Old Patients	14	(16)	0	(8)
Total attendances	14	(16)	4	(8)
	18	(24)		

The figures in brackets relate to 1971

EAR, NOSE AND THROAT CLINICS

The following table shows the number of school children known to have attended and to have received treatment at ear, nose and throat clinics during the year.

Attendances	...	...	...	...	...	...	2,183	(1,770)
Children examined	...	...	...	...	...	...	1,557	(1,490)
Children treated for nose and throat conditions:—								
Tonsils and/or adenoid operations	...	...	...	...	...	...	239	(207)
Other operations	...	...	...	...	...	...	72	(74)
Otherwise than by operation	...	...	...	...	...	...	—	(—)
Children treated for ear conditions:—								
Mastoid operations	...	...	...	...	...	...	5	(5)
Other ear operations	...	...	...	...	...	...	87	(89)
Otherwise than by operation	...	...	...	...	...	...	—	(—)

The figures in brackets relate to 1971

EYE CLINICS

Details of attendances at eye clinics during the year were as follows:—

	<i>School Children</i>				<i>Pre-School Children</i>	
Number of children seen:—						
New patients	1,061	(822)	189	(93)		
Old patients	2,110	(2,091)	136	(174)		
Total	3,171	(2,913)	325	(267)		
Attendances	3,622	(3,318)	414	(284)		
Children with eye conditions other than errors of refraction and squint	—	—	—	—		
Children with errors of refraction and squint	2,561	(2,470)	303	(254)		
Children for whom glasses were prescribed	1,019	(1,002)	51	(33)		

The figures in brackets relate to 1971.

ORTHOPAEDIC TREATMENT

Number of children seen at orthopaedic clinics:—		
New patients	192	(85)
Old patients	684	(769)
Total	876	(854)
Attendances	2,116	(1,321)
Treated as in-patients at Bath and Wessex Orthopaedic Hospital	488	(197)

The figures in brackets relate to 1971.

OTHER SPECIALIST CONSULTATION AND TREATMENT

During 1972 appointments were made for 216 children as under.

Paediatric	80	(71)
Skin	26	(23)
Surgical	98	(81)
Plastic	8	(6)
Gynaecological	3	(2)
Chest	—	(3)
Neurological	1	(3)
Total	216	(189)

The figures in brackets relate to 1971.

Many specialists send to the Principal School Medical Officer copies of reports concerning children who have been referred to hospitals otherwise than through the school health service. The number of such reports received in 1972 was 2,975. The information which these reports provide is of considerable value, particularly as a means of co-ordinating the work of the Health Department with the hospital and general practitioner services. They enable advice to be given to head teachers about appropriate care in school which individual children may need on health grounds, they are one of the sources of information of possible handicapped children and they enable children where appropriate to be given the benefit of services available through the Health Department.

Handicapped Children

Besides the ascertainment of which children are suffering from handicaps, medical officers and health visitors keep those who are already classified as handicapped under continual review. They make regular visits to the homes and schools of those who are in ordinary schools or at home, and children in special schools are visited at home at least once a year during the school holidays. Each visit is an opportunity to assess the progress, consider whether the child is correctly classified or placed and to give advice to parents and teachers.

There are also many children who suffer from handicapping conditions which are not severe enough to call for special education. These are kept under observation and the effect of their handicaps on their life at school is always under consideration in case special measures or apparatus will help. Unfortunately some suffer from conditions which are progressive and the point at which special education, possibly in a residential school, will become necessary must be identified.

This process of observation commences at birth. The medical officers in the Health Department, of course, work with pre-school children as well as school children. A watch is kept on children born with defects which may persist and result in a handicap later in life as well as on children who are considered to be “at risk” because of the family history, or because of particular circumstances during the mother’s pregnancy, at the time of the birth or soon afterwards. If appropriate a formal assessment with a view to classification as a handicapped pupil is made before the child reaches school age.

A register is kept of children attending ordinary schools who have handicapping conditions. At the end of 1972 the numbers of such children were as follows:—

Defects of vision	...	...	...	...	...	...	17	(14)
Defects of hearing	...	...	...	...	...	...	28	(26)
Epilepsy	...	...	...	...	...	...	85	(73)
Heart defects and associated conditions (Haemophilia etc.)	...	...	...	...	...	...	86	(75)
Diabetes	...	...	...	...	...	...	32	(32)
Other physical handicaps	...	...	...	...	...	...	80	(84)

The table on page 30 and the diagrams on pages 24 and 25 show the numbers of handicapped children who have been found to need special educational treatment during 1972 and during the past eleven years.

HANDICAPPED CHILDREN

Category	Ascertained during 1972										Admitted to special schools during 1972	No. in special schools on 31.12.72		No. in special units or classes on 31.12.72		No. awaiting admission to special schools on 31.12.72		No. in col 8 whose parents refused consent		Type of education, if any, while awaiting admission to special school											
	Recommended											6		7		8		9		In ordinary school				Home tuition		No schooling		Under school age		In hospital	
	1		2		3		4		5			M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
	M	F	M	F	M	F	M	F	M	F		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
Blind ...	—	—	—	1	—	—	—	—	2	2	2	2	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—			
Partially sighted ...	—	1	—	—	—	—	—	—	—	—	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Deaf ...	2	5	—	—	—	—	—	—	—	1	7	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Partially hearing ...	1	—	—	1	—	—	—	—	2	—	8	8	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Educationally sub-normal	46	25	51	36	2	1	—	—	52	24	296	174	95	50	39	29	5	2	—	—	—	—	—	—	—	—	—	—			
Epileptic ...	—	—	—	—	—	—	—	—	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Maladjusted ...	31	10	—	—	—	—	—	—	31	14	95	32	—	—	19	1	—	—	—	—	—	—	—	—	—	—	—	—			
Physically handicapped	15	8	4	5	2	1	1	1	6	1	27	24	9	14	6	4	—	—	—	—	—	—	—	—	—	—	—	—			
Delicate ...	4	2	—	—	—	—	1	1	1	3	12	5	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—			
Speech ...	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
	99	51	56	43	4	2	2	2	94	45	454	258	106	65	68	36	5	2	—	—	—	—	—	—	—	—	—	—			

Assessment Clinics

Dr. M. C. C. Bird, Consultant Psychiatrist, holds clinics by arrangement with the South-West Regional Hospital Board for assessment of mentally subnormal people in West Wiltshire. These clinics are held at Devizes, Trowbridge, and Chippenham according to need.

No. of patients seen:-

Adults	—	8	(7)
Children	—	<u>22</u>	(13)
Total patients seen	—	30	(20)
Total number of interviews	—	73	(37)

Of these patients, 12 were new referrals (11 children and 1 adult).

The patients were referred by the County Medical Officer of Health/Principal School Medical Officer after being brought to notice by:—

School Medical Officer	—	6	(10)
Parents	—	0	(0)
Director of Social Services	—	0	(8)
General Medical Practitioner	—	2	(0)
Probation Officer	—	0	(1)
Medical Specialist	—	4	(1)
Juvenile Courts	—	0	(0)

No. awaiting appointments — 1 (2)

By arrangement with the Wessex Regional Hospital Board, Dr. H. D. Paine, Consultant Psychiatrist, commenced similar assessment clinics at Salisbury in May, 1972. By the end of the year 12 patients referred to Dr. Paine had been seen.

Child Guidance

The Child Guidance team during 1972 consisted of:—

Dr. R. F. Barbour, Psychiatrist.
 Dr. M. C. C. Bird, Psychiatrist (South-West Regional Hospital Board).
 Dr. T. A. A. Hunter, Psychiatrist.
 Dr. J. E. Oliver, Psychiatrist (Oxford Regional Hospital Board).
 Dr. K. C. P. Smith, Psychiatrist.
 Mr. R. A. Dare, Educational Psychologist.
 Mr. J. R. Green, Educational Psychologist.
 Mr. C. S. Rushton, Educational Psychologist.
 Mr. R. Hamilton, Educational Psychologist.
 Mrs. D. J. Runswick, Psychiatric Social Worker.
 Miss J. Pick, Psychiatric Social Worker.
 Mrs. J. Benefield, Trainee Psychiatric Social Worker.
 Mrs. S. Bentley, Child Guidance Social Worker (Commenced 10.1.72)
 Mrs. A. Wallis, Child Guidance Social Worker (Commenced 18.9.72)
 Mrs. M. Coulter, Part-time Child Guidance Social Worker.
 Miss B. Gigli, Secretary.
 Miss I. Winfield, Secretary. (Resigned 13.8.72)
 Mrs. C. Warren. (Commenced 1.9.72)
 Mrs. E. Woodward (Commenced 24.1.72)

Centres

The child guidance sessions have been held in the following centres:—

The Health Centre, The Drove, Amesbury	...	...	...	...	...	Morning of 1st and 3rd Tuesdays.
The County Health Clinic, Trowbridge	...	...	...	...	...	Monday afternoons, Wednesdays all day and 1st and 3rd Tuesday mornings.
The Central Clinic, Islington Street, Swindon	...	...	...	...	...	1st, 3rd and 5th Thursdays all day and 2nd and 4th Thursday mornings.
The Clinic, Priory Road, Swindon	...	...	...	...	...	1st and 3rd Wednesdays all day.
The Central Health Clinic, Castle Street, Salisbury	...	...	...	...	...	Wednesday morning and 5th Tuesday mornings.
The County Council Clinic, Kingsbury Street, Marlborough	...	...	...	...	...	Afternoon of 2nd and 4th Tuesdays in each month.
The County Health Clinic, Goldney Avenue, Chippenham	...	...	...	...	...	Monday mornings and 2nd, 4th and 5th Tuesday mornings.
The Families Medical Centre, Military Hospital, Delhi Barracks, Tidworth	...	...	...	...	...	Afternoon of 1st and 3rd Tuesdays in each month.
The County Council Clinic, New Park Street, Devizes	...	...	...	...	...	Afternoon of 2nd and 4th Thursdays in each month.
The Starfield Reception Centre, Holt	...	...	...	...	...	1st, 3rd, 4th and 5th Thursdays in each month all day.
The Health Centre, Colemans Close, Calne	...	...	...	...	...	Monday afternoons.
The St. Michael's Reception Centre, Salisbury (Opened 1.5.72)	...	...	...	...	...	Wednesday afternoons.

Case Load

In 1972 400 children referred to the child guidance centres were seen by the psychiatrists and educational psychologists at the respective centres. When possible the homes were previously visited by the social workers.

	1968	1969	* 1970	* 1971	* 1972
Number of initial interviews with children and parents ...	334	367	378	424	400
Number of children seen as a consultation only ...	11	1	—	—	—
Number of children seen by psychiatrists ...	717	761	735	667	808
Number of children discharged by psychiatrists ...	218	271	209	246	353
Total number of therapeutic interviews with children and parents by psychiatrists ...	1,717	1,878	1,969	1,691	1,875
Number of visits by social workers ...	781	1,064	945	1,081	1,473

Number of children awaiting appointments at the end of 1972: 49.

Waiting time for first appointment at the end of 1972: 5 weeks.

*The figures given in this and subsequent tables for 1970, 1971 and 1972 do not include children living in the Borough of Swindon although the figures for 1969 and previously do. This is because the child guidance clinics in the Borough are now organised by the Principal Borough School Medical Officer. Information of the Swindon child guidance centres is given in the part of the report relating to the Excepted District of Swindon.

The distribution of the new cases between the various centres was as follows:—

	1968	1969	1970	1971	1972
Trowbridge	59	81	80	66	96
Salisbury	66	67	59	45	35
Swindon	120	86	80	84	65
Calne	—	—	—	18	20
Marlborough	17	18	8	18	6
Chippenham	30	41	41	53	53
Tidworth	22	20	27	22	15
Devizes	13	22	21	22	28
Amesbury	—	—	5	24	16
Starfield	—	—	—	72	58
St. Michael's					8

New Cases

The 400 children were referred in the first instance as a result of information from:—

	1968	1969	1970	1971	1972
School medical officers	56	59	46	20	47
Chief Education Officer	8	21	14	16	15
Director of Social Services or Children's Officer	12	9	65	80	74
Head teachers	48	94	96	147	113
Parents	49	45	46	45	40
General medical practitioners	75	80	97	97	91
Probation officers	10	13	6	5	6
Medical specialists	15	1	5	14	14
Juvenile court	4	5	3	—	—
Swindon Borough School Medical Officer	57	40	—	—	—
(including other sources of reference in Swindon as listed above)					

Children's Problems

The problems for which the 400 children were referred are summarised under the classifications given below. Some children suffered from problems coming under more than one heading and are recorded under both.

Nervous disorders	76
Habit disorders and physical symptoms... ..	96
Behaviour disorders	164
Educational and vocational difficulties	48
Special examination	16

At the beginning of 1972 an alternative method of classifying the problems of children referred to the Child Guidance Clinics was commenced. An analysis of the four hundred children by this means is also given below.

Child Guidance Clinic Figures

Children's Problems.
(figures under experimental code).

A.	Childhood Neurotic Disorder	68
B.	Conduct (Behaviour) Disorder	140
C.	Mixed Conduct and Neurotic Disorder	50
D.	Psychosomatic Conditions and Special Symptoms	25
E.	Personality Disorders	10
E.1	Learning Difficulties (dyslexia, perceptual difficulties etc.)	33
E.2	Developmental Disorders	27
E.3	Other personality deviations	1
F.	Mental Retardation	7
G.	Psychiatric Disturbances caused by Organic Conditions	2
H.	Drug Addiction or drug habituation	—
I.	Psychosis or Prepsychosis	—
I.1	Infantile Autism	—
I.2	Other Childhood psychosis or prepsychosis	—
I.3	Schizophrenia or psychosis of the adult type.	—
J.	No psychiatric disorder (children showing normal stress reactions or transient anti-social behaviour in response to distressing home situation).	37

Analysis of Closed Cases

	Improved		Unchanged				Total	
			Treatment unsuccessful		Other reasons			
Ascertained as E.S.N.	2	(-)	-	(-)	11	(3)	13	(3)
Treatment completed	148	(125)	-	(-)	1	(3)	149	(128)
Recommended special education	2	(-)	-	(-)	3	(4)	5	(4)
Left school, removed from district, and/or referred to other agencies	27	(10)	5	(1)	68	(48)	100	(59)
Closed at parent's request	33	(23)	3	(3)	8	(5)	44	(31)
Non-co-operation of parents	16	(8)	11	(-)	15	(13)	42	(21)
TOTALS	228	(166)	19	(4)	106	(76)	353	(246)

The figures in brackets relate to 1971.

TREATMENT OF NOCTURNAL ENURESIS

Clinics for the treatment of nocturnal enuresis by the bell apparatus continued. The total number of children treated and the percentage who were dry after the first course of treatment in the past ten years, are as follows:—

Number completed first course of treatment ...	807
Percentage dry after first course	69.4

The following table shows the number of children treated during 1972:—

Under treatment at the beginning of 1972	60	(43)
Commenced treatment during year	183	(132)
Removed from the County before treatment completed	4	(11)
Under treatment at the end of the year	97	(81)
Completed first course of treatment during the year	142	(108)

The results of the treatment of the children who completed the first course were as follows:—

Treatment successful	108	(68)
Improved but not completely cured	5	(16)
Parents and children unco-operative	9	(13)
Referred to child guidance	3	(2)
Child afraid of apparatus	1	(0)
Referred back to paediatrician who referred them	5	(3)
Referred to family doctor for treatment	11	(6)
	142	(108)

Awaiting appointments on 31st December:

Chippenham	14	(43)
Melksham	10	(8)
Salisbury	6	(31)
Trowbridge	7	(15)
Warminster	1	(2)
Tidworth	13	(25)
	51	(124)

Further treatment or other appropriate action is considered for each child who is not dry after a course of treatment. Six months after treatment has been completed enquiries are made about all children who have become dry, and any who have relapsed are given further appointments. 25 were found in 1972 to have relapsed and the results of their further appointments were as follows:—

Referred to paediatrician	...	...	...	...	—	(1)
Dry after further course of treatment	...	...	...	...	18	(6)
Under treatment at the end of the year	...	...	...	...	5	(5)
To have a further course of treatment in 1973	...	...	...	...	2	(8)
Parents refused further treatment	...	...	...	...	—	(—)
					<hr/> 25	<hr/> (20)

Figures in brackets relate to 1971.

Dental Examination and Treatment

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER, 1972

I am pleased to report that it has finally been decided that the school dental service will be transferred to the reorganised National Health Service in 1974, but it will still retain its close link with the Local Education Authority. The relationship between our service, the hospital service and general dental service is good and the amalgamation of the three services in 1974 should only serve to enhance this excellent co-operation.

The Department of Education and Science presented a satisfactory report on the dental service, following the review of the service by one of their dental officers in the autumn of last year.

The staffing position remained satisfactory, bearing in mind the national shortage of dental surgeons and dental auxiliaries, during the year and we were able to replace three dental officer resignations with little break in the continuity of the service, and in addition to fill a new area dental officer post. A further dental auxiliary was also appointed, but as another auxiliary resigned the number in post remains at three full-time and one part-time.

We have also been fortunate in recruiting another full-time orthodontist, Mr. Bradbury, who took up his appointment in October. Miss Campbell who retired in July, has kindly agreed to continue in a part-time capacity and the orthodontic service has not had to be seriously curtailed as was feared at the beginning of the year. To also help the service one of our dental officers, Mr. Lacey, has been directed to gain the diploma in orthodontics.

Mr. Hopes, dental officer, Chippenham, was appointed to the new post of area dental officer for the northern part of the County, and his appointment will not only help the administration of the area but also increase the clinical time available to the area.

Miss Chant was appointed to the new post of senior dental surgery assistant for the Salisbury area, and in addition to supervising the work of eleven full and part-time dental survey assistants will help in their training.

I am very pleased to report that Messrs. Hopes and Humpherson, area dental officers, have been awarded the Diploma in Dental Public Health. They both attended the University of Bristol's first course in this diploma.

The statistics with the report, which do not include the excepted district of Swindon, reveal an increase in the number of children examined and treated during the year, but as the school population rose by over four thousand there was no increase in the percentage of children inspected over the previous year. I would again draw attention to the fact that 44% of the children examined were found to be suffering from untreated dental disease or malformation of the teeth.

In addition to the new staff already mentioned in this report the following dental officers have been appointed during the year: Mrs. Buckland, Devizes; Mrs. Chivers, Chippenham and Miss Simpson and Mr. Maynard to Amesbury. Miss Fitzpatrick, dental auxiliary, was appointed to Warminster.

In conclusion I should like to thank the staff of the school dental service for their continued support and enthusiasm in surmounting the daily problems arising from practising dentistry in mainly rural areas. I would also like to place on record our appreciation of the very willing help that we received from the Education Department.

Examinations:

(a) Number of children examined:—

At school	49,307	(46,474)
At clinic	7,221	(6,347)

Total examined	56,528	(52,821)
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(b) Number found to require treatment	24,593	(24,648)
---------------------------------------	-----	-----	-----	-----	-----	-----	-----	--------	----------

(c) Number offered treatment	18,968	(19,939)
------------------------------	-----	-----	-----	-----	-----	-----	-----	--------	----------

(d) Number of children re-examined at clinics or school	7,986	(3,206)
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(e) Number of (d) found to require treatment	3,021	(1,639)
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Sessions:

Sessions devoted to treatment	8,262	(7,577)
Sessions devoted to examination	595	(507)
Sessions devoted to Dental Health Education	...	...	...	...	...	...	...	...	261	(301)

Treatment	Ages 5 to 9		10 to 14		15 and over		Total	
Number of children treated	7,641	(7,356)	6,709	(6,423)	1,277	(1,240)	15,627	(15,019)
Total attendances for treatment	20,939	(19,813)	21,831	(20,991)	4,770	(4,857)	47,540	(45,661)
Fillings in permanent teeth	6,830	(7,293)	15,545	(15,545)	4,304	(4,497)	26,679	(27,335)
Permanent teeth filled	5,321	(5,865)	12,865	(12,523)	3,714	(3,841)	21,900	(22,229)
Fillings in deciduous teeth	14,053	(14,006)	1,757	(1,543)	—	(—)	15,810	(15,549)
Deciduous teeth filled	12,531	(12,325)	1,544	(1,315)	—	(—)	14,075	(13,640)
Permanent teeth extracted	317	(280)	1,526	(1,495)	348	(328)	2,191	(2,103)
Deciduous teeth extracted	4,029	(4,149)	1,434	(1,326)	—	(—)	5,463	(5,475)
General anaesthetics given	1,025	(1,083)	460	(470)	46	(59)	1,531	(1,612)
Number of children X-rayed							1,577	(1,224)
Prophylaxis (scaling, cleaning, gum treatment, etc.)							4,116	(3,185)
Teeth otherwise conserved							3,451	(2,695)
Number of teeth root filled							61	(80)
Inlays							7	(6)
Crowns							172	(120)
Dentures								
Children fitted with full upper or lower dentures (first time)	—	(—)	2	(3)	2	(4)	4	(7)
Children supplied with other dentures (first time)	6	(3)	18	(15)	14	(13)	38	(31)
Number of dentures supplied	6	(4)	21	(26)	17	(18)	44	(48)
Orthodontics								
Cases remaining from previous year							738	(743)
New cases commenced during the year							330	(298)
Cases completed during the year							278	(242)
Cases discontinued during the year							57	(125)
Number of removable appliances fitted							673	(661)
Number of fixed appliances fitted							10	(91)
Children referred to hospital consultant							—	(—)

The figures in brackets relate to 1971.

History of the School Dental Service in Wiltshire

As integration of the National Health Service on 1st April, 1974 approaches, I feel it may be of interest at this time to make reference to the beginnings in Wiltshire of the School Dental Service, and to show how it has developed into the service which we have today.

First mention of dentistry appears in the year 1909 when Dr. R. Harding Bremridge, School Medical Officer for Wiltshire, showed in his first Annual Report his appreciation of the importance of the condition of children's teeth when he stated that "the main cause of some children's ill health is to be found in faulty teeth" and again, in his 1912 Annual Report, when he said "decayed teeth probably occasion more actual suffering and ill health than any other defect". In his 1909 Report Dr. Bremridge had also stated "Only a small proportion of children use a toothbrush. No care whatever is taken of the teeth. If the teeth ache, they are removed. Conservative Treatment of teeth is never adopted". He could remember only one instance of conservative treatment — a tooth that had been "stopped".

Although under the Education (Administrative Provisions) Act of 1907 local education authorities had a duty to provide for medical inspection of school children on entering elementary school, they were also empowered under the Act (subject to the approval of the Board of Education) to make arrangements for the treatment of children whose condition required attention. However, no attempt had been made in Wiltshire to provide any treatment or treatment clinics, but at the end of 1911, in an endeavour to avoid the necessity of directly providing dental treatment by the appointment of a dentist, the local education authority approached the Boards of Guardians in the County and asked them to extend their arrangements for providing conservative dental treatment for their Boarded-out children, to include all cases of school children whose parents were unable to afford the customary dental fees. However, Dr. Bremridge in his Annual Report for 1911 viewed "with some apprehension the success of any dental scheme undertaken by the Guardians, because of the impossibility of adequately removing the pauper taint". "A deterrent in the shape of exhaustive personal enquiries will kill any scheme".

The approach to the Boards of Guardians met with no success, such a scheme being apparently impractical. An approach was then made in 1912 to Local Care Committees with the offer of grants to assist them in carrying out schemes for dental treatment. Very few workable schemes were submitted by the Committees, many of them favouring strongly the appointment of a County Dentist. Meanwhile the Board of Education refused to sanction the

proposed scheme, and suggested also that a whole-time dentist would be “more advantageous and, in the end, more economical”. Consequently a County Dentist was appointed (a Mr. F. R. Wallis) who commenced duties in November, 1913. His job was the examination and treatment of children aged 6 – 8 years inclusive during that first year, and subsequently, in addition, to continue treatment of those previously examined. The scheme at the start had to be restricted to selected schools because of the number of children involved. As the service developed, additional schools and age groups were added; the 1918 Education Act extended medical inspection to secondary schools. Examination was free, but the nominal fee towards the cost of treatment per year for each child was sixpence. This fee continued in being until the 1944 Education Act, and was frequently criticised as being the excuse for refusal of treatment (although no child was to be deprived of treatment through the parents inability to pay), for the low charge being taken as an indication that treatment could not be very good, and for making the parents refuse treatment for their children rather than “parade their poverty”.

It is interesting to note that Mr. Wallis reported to the General Education Committee in December 1913 that of 427 children he had then inspected in Trowbridge Urban District, 409 would require treatment.

The Chief Medical Officer of the Board of Education in his Annual Report for 1912 stated “if permanent results are to be expected as the result of the appointment of school dentists . . . school dentistry must be conservative and constructive rather than palliative”. The school dental service has since evolved on these lines.

The first permanent dental clinic in Wiltshire was established at Trowbridge, in 1914 and a full-time dental nurse was appointed. A second dentist was appointed in 1917, and a third in 1919.

In 1918, a scheme commenced for the conveyance of children from surrounding schools to a centre (at a school or adjacent building) for treatment, instead of the more unsatisfactory method of the dentist and nurse travelling to each school where the dental officer operated however badly adapted were the premises for the purpose. In centres and schools it was necessary for portable equipment to be used.

In the School Medical Officer's Annual Report for 1927 it is reported that “The Board of Education is pressing for the appointment of a fourth dentist . . . to ensure that schools are visited more frequently than at an interval of two to 2½ years, which is all that is possible with the present staff”.

By 1930 the number of school dental officers had increased to four, and the scheme was extended to include dental inspection and treatment of boarded-out children and children in Scattered Homes.

In 1929 one of the dental officer posts had been promoted to that of Senior County Dentist. This post was renamed Senior County Dental Officer in 1933, and in 1953, the Principal School Dental Officer.

The success of the school dental service continued and the increasing demand for treatment saw the establishment of dental officers further increased to five in 1935, six in 1937 and to nine assistant dental officers by 1948.

There is no specific mention of the first World War impact on the dental services, but the additional burden of the evacuees during the second World War, associated with the loss of several of the dental officers from the establishment of eight to the Armed Forces, made it only possible to secure treatment for some urgent conditions such as pain or sepsis.

The Education Act 1944 came into operation in 1945 and placed on local education authorities the present duty to undertake dental inspection of, and provide treatment facilities for, children at maintained schools which were to be free of charge to the patients. The local authority was also charged with the duty as now of making arrangements for encouraging and assisting pupils to take advantage of the facilities for dental treatment.

The service continued to expand and the many problems involved in making available a fully comprehensive dental service for school children living in the rural parts of Wiltshire were being steadily overcome. This story of successful expansion continued until 1948, when under the 1946 National Health Service Act, the public could obtain free dental treatment from general dental practitioners, and public dental officers began to leave the service to take up more remunerative practice in the general dental service; three dental officers resigned for this purpose in 1948 and a further four in 1949.

The serious situation caused by the shortage of dental staff was further aggravated by the duty under the same Act for the local authority to provide for the first time, dental care of expectant and nursing mothers and of children under school age.

Although this Health Act made free treatment through the general dental service available to school children there was still a continuing need for the salaried public dental officer working within the school dental service. The time consuming introduction of children to dental treatment, and the nature of that treatment for many children, particularly the handicapped, can be difficult on a fee per item of service basis, and therefore an unfair imposition on general practitioners. Epidemiology, routine school inspections and dental health education were other forms of dental care which required a salaried service, as also did the child living in a rural area, away from the site of general dental practices.

The challenge of competing with the general dental service for the recruitment of dentists from a profession already severely short of members was accepted by the Education and Health Committees, and by a policy of constantly

seeking to improve the remunerative and working conditions of the staff, it was possible to compete successfully in the recruiting field and gradually rebuild the school dental service.

In 1948, the dental laboratory and technical staff, which was part of the Great Western Railway Health Centre at Swindon, was taken over and this laboratory now undertakes the work for the whole county.

In 1949, the first mobile dental clinic was brought into service, and in 1953, following a request by the Ministry of Education and Ministry of Health to local authorities to review their arrangements for dental work and consider how they could be strengthened, the establishment of dental officers was increased by two and by a further three over the following two years, to bring the establishment to 14, excluding the Principal School Dental Officer. Provision was also made for an additional clinic and another mobile dental clinic.

In 1955 it was decided to appoint an orthodontist to the staff, and the orthodontist appointed was in post the following year. A second orthodontist was appointed in 1960.

In 1960, Swindon Borough Council, which as an Excepted District has administrative responsibility for the School Health Service delegated to it, appointed an area dental officer for the town, and subsequently an area dental officer post was made in 1965 for the southern part of the County and in 1972 for the northern part.

The first purpose-built dental suite came into use at Salisbury with the opening of the Health Clinic in 1961, and the first Health Centre clinic at Amesbury in 1970.

In 1960 training commenced at the New Cross Hospital in London of dental auxiliaries, which had been proposed in the 1957 Dentists Act, and Wiltshire participated in this experiment planned to run initially over five years, by agreeing to employ two in Wiltshire. The first commenced in January 1963, followed by the second in the September. These girls are trained in the more simple type of dental operations and work under the supervision of a dental officer. The experiment proved successful, and Wiltshire now has an establishment of seven dental auxiliaries.

It will be seen that the success of the school dental service has not been easily achieved, but recent years have seen the establishment of dental officers increased to the present one of chief dental officer, three area dental officers, two orthodontists, 19 dental officers, with a full complement of ancillary staff, the continuing updating of all adapted surgeries and all equipment, the increase in purpose-built surgeries, the fleet of mobile dental clinics increased to six (shortly to become seven), the use of consultant anaesthetists at general anaesthetic sessions, and the increased use of dental auxiliaries. The position has been reached today where comprehensive treatment is available to all Wiltshire children attending maintained schools. However, it is still not possible to ensure that every child leaves school with a good and regular dentition, and with a willingness to maintain good dental health, and until this is achieved the work of the school dental service cannot be considered to have been truly successful, although to proceed from those first beginnings of 427 children examined to 71,883 in 1972 is a proud record of achievement.

Although there has been a great improvement in the dental health of Wiltshire children since those early days through regular inspections and treatment, and by intensive use of health education teaching and personal preventive measures, there is still a regrettably high incidence of dental caries to be found in school children, and it was disappointing to the professional staff when the County Council in 1965 decided against the fluoridation of water supplies, a proven preventive method of significantly reducing the incidence of this disease.

The work of the school dental service has been helped by the excellent relationship it enjoys with the hospital and general practitioner dental services, and the Dental School of the Bristol University.

As this will probably be the last time that I shall have the opportunity of personally presenting my Annual Report, I should like to place on record my appreciation of the help and encouragement that the Education Committee, and in particular the School Health and Attendance Sub-Committee, have always given to me during my thirteen years as Principal School Dental Officer. I would also like to thank the dental, teaching and administrative staff for their efforts and co-operation which has contributed so much to the efficiency of the service.

Health Education

Work of health education in schools, colleges, youth clubs and for parents continues. Medical officers, health visitors, dental officers and dental auxiliaries all take part in the work, using audio-visual aids where they are appropriate. In dealing with personal relationships use continues to be made of teams each consisting of a medical officer and health visitor. Most secondary schools now undertake health education programmes drawn up for each school by consultation between the health visitor and teacher. Each syllabus has included talks and discussion on a wide range of important subjects such as family relationships, smoking (including a showing of the film “Smoking and You”), alcohol, drug addiction, preparation for work and marriage, family planning and venereal disease, and health visitors have taken a prominent part in these talks, held over three terms.

It should be remembered, of course, that every time a doctor, dental officer, health visitor or dental auxiliary sees a child or parent is an opportunity for informal health education although never appearing in statistics, and this is an important aspect of all medical and dental examinations of school children. The following gives an indication of the amount of formal health education work undertaken during the year:—

Parentcraft talks in schools	...	...	...	...	...	...	...	...	...	641
Community Health and Personal Relationship Talks	...	...	...	...	...	...	...	...	...	44
Health talks in schools	...	...	...	...	...	...	...	...	...	826
Child Care and Community Health talks to Training and Further Education Colleges										58
Discussion groups and films to mothers' clubs and parent groups	...	...	...	...	...	...	...	...	...	131
Health talks to youth clubs and factories	...	...	...	...	...	...	...	...	...	125
Dental Health Education half-day sessions by dental officers and dental auxiliaries										261
Number of secondary schools at which courses in junior first aid were held	...	...								8

Prevention and Control of Disease in Schools

SCHOOL PREMISES

School medical officers and the County Council public health inspectors regularly inspected educational premises. Where the requirements of the School Building Regulations were not met, good hygienic standards were not being maintained or where conditions which could adversely affect the health of the children were found, the Chief Education Officer was informed.

SWIMMING POOLS

The swimming pools at primary and secondary schools continued to be supervised by the County Council public health inspectors. Two new pools came into operation during the year bringing the total to 47. In addition the children from four County Council schools used pools at private premises: these pools have also been regularly inspected.

Due to inclement weather a late start to the swimming season reduced the number of samples of pool water taken for bacteriological examination to 61.

A number of pools on school premises in rural areas showed a high plate count at harvest time; this the Public Health Laboratory attributed to aerobic spore bacilli which are not destroyed by chlorine. The Public Health Laboratory confirmed that these bacilli were of no public health significance.

SCHOOL MEALS HYGIENE

Inspections of school meals premises were carried out during the year to ensure that both the premises and the methods employed were in accordance with the Food Hygiene Regulations and good food handling practice. Defects and deficiencies found were reported to the Chief Education Officer.

Number of children supplied with meals	...	...	...	41,256
Number of children supplied with free meals	...	...	...	4,524
Percentage of school population supplied with meals	...	...	...	63.0%

The number of children drinking milk on an average day in October was 16,247. Of the total school population eligible to receive milk 93% took advantage of this.

SCHOOL MILK

School milk supplies are supervised by the County Council public health inspectors including sources of supply, frequency of delivery, storage at schools, etc., and investigation of complaints. All supplies were sampled each term, on each occasion an informal sample was also taken on behalf of the Chief Inspector of Weights and Measures. Pasteurised milk only is used.

PROTECTION OF CHILDREN AGAINST TUBERCULOSIS AND RUBELLA

B.C.G. Immunisation

The number of school children who received B.C.G. immunisation against tuberculosis was 2,035. Further details under this heading are given in my report as Medical Officer of Health.

Immunisation against Rubella

Immunisation against Rubella was continued for girls between their 11th and 14th birthdays and 3,533 girls were immunised during the year. Further details are given in my report as Medical Officer of Health.

INFECTIOUS DISEASE

Head teachers are asked to inform the Principal School Medical Officer when children have, or are suspected of having, infectious illness or are contacts. This information is followed up where necessary in conjunction with the appropriate district medical officer of health. The school health visitor also gives any necessary advice. The County Public Health Inspector takes part in such investigations, especially outbreaks of dysentery and of vomiting and diarrhoea, and he also gives advice on the extra cleaning and hygiene precautions to be taken during such outbreaks.

Excepted District of Swindon

MEDICAL EXAMINATIONS AND TREATMENT

Return for the year ended the 31st December, 1972

The following information relates to the excepted District of Swindon but the Principal Borough School Medical Officer also compiles a report which gives further details.

Number of pupils on registers of maintained primary and secondary schools (including special schools) in January 1973 – 21,532

Medical Examination of Pupils attending Maintained and Assisted Primary and Secondary Schools (including Special Schools)

PERIODIC MEDICAL EXAMINATIONS

Age groups inspected (by year of birth)	Number of pupils examined	Pupils examined whose condition was satisfactory	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
			For defective vision (excluding squint)	For any other condition recorded	Total individual pupils
1968 and later	3	3	—	—	—
1967	888	888	9	23	32
1966	569	569	6	16	22
1965	30	30	—	—	—
1964	15	15	—	1	1
1963	38	38	1	1	2
1962	1,001	1,001	14	21	35
1961	552	552	7	12	19
1960	41	41	1	2	3
1959	30	30	—	1	1
1958	45	45	—	2	2
1957 and earlier	1,844	1,844	38	31	69
TOTAL	5,056	5,056	76	110	186
1971	5,407	5,407	82	191	265

OTHER EXAMINATIONS

A special examination is one that is carried out at the special request of a parent, doctor, nurse, teacher, or other person.

A re-examination is one arising out of one of the periodic examinations or out of a special examination.

Number of special examinations	...	...	1,460	(1,396)
Number of re-examinations	...	...	555	(446)
Total	...	...	2,015	(1,842)

The figures in brackets relate to 1971.

Defect or Disease								Periodic Inspection			Total
								Entrants	Leavers	Others	
Ears:— (a) Hearing T							O	1	—	2	3
								24	8	14	46
								3	—	1	4
(b) Otitis Media T							O	17	8	14	39
								—	—	—	—
(c) Other T							O	8	4	4	16
								—	—	—	—
Nose and Throat T							O	26	12	3	41
								23	7	8	38
Speech T							O	6	—	9	15
								24	—	25	49
Lymphatic Glands T							O	—	—	—	—
								7	—	4	11
Heart T							O	1	—	—	1
								43	29	44	116
Lungs T							O	6	3	1	10
								30	19	26	75
Developmental: (a) Hernia T							O	—	—	1	1
								2	—	3	5
								—	—	1	1
(b) Other T							O	19	10	31	60
								—	—	—	—
								—	—	—	—
Orthopaedic: (a) Posture T							O	—	—	10	10
								3	7	12	22
								44	4	32	80
(b) Feet T							O	44	12	26	82
								2	—	3	5
								21	18	19	58
(c) Other T							O	—	—	—	—
								4	5	30	39
								—	2	—	2
Nervous System: (a) Epilepsy T							O	5	1	11	17
								—	—	—	—
								—	—	—	—
(b) Other T							O	—	—	—	—
								—	—	—	—
								—	—	—	—
Psychological: (a) Development T							O	—	—	—	—
								13	2	16	31
								3	—	1	4
(b) Stability T							O	72	5	38	115
								—	—	—	—
Abdomen T							O	1	1	—	2
								7	3	7	17
Other T							O	—	—	—	—
								10	5	32	47

INFESTATION WITH VERMIN

Notes:—

All cases of infestation, however slight, are included. The numbers recorded at (b), (c) and (d) relate to individual pupils, and not to instances of infestation.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	...	40,614	(37,206)
(b) Total number of individual pupils found to be infested	...			679	(759)
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	...	...		—	(33)
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	...	...		—	(—)

EYE DISEASES, DEFECTIVE VISION AND SQUINT

						<i>Number of cases known to have been dealt with</i>	
External and other, excluding errors of refraction and squint	...					5	(4)
Errors of refraction (including squint)	...	...	...	...	...	401	(750)
Total	...	...	...	...	...	406	(754)
Number of pupils for whom spectacles were prescribed	...	...				383	(424)

SPEECH THERAPY

						<i>Number of cases known to have been treated</i>	
Pupils treated by speech therapists	...	...	...	...	...	212	(241)

The figures in brackets relate to 1971

OTHER TREATMENT GIVEN

							<i>Number of cases known to have been dealt with</i>	
(a)	Pupils with minor ailments	...	...	...	...	...	499	(481)
(b)	Pupils who received B.C.G. vaccination	...	...	...	...	...	1,336	(1,328)

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

										<i>Number of cases known to have been dealt with</i>	
Received operative treatment:—											
(a)	for diseases of the ear	...	...	...	...	...	...	...	...	30	(34)
(b)	for adenoids and chronic tonsilitis	...	...	...	...	...	...	...	...	159	(197)
(c)	for other nose and throat conditions	...	...	...	...	...	...	...	...	4	(10)
Received other forms of treatment		...	...	...	...	...	...	...	...	12	(—)
TOTAL		...	...	...	...	...	...	...	...	205	(241)

REMEDIAL EXERCISES

							<i>Number of cases known to have been treated</i>	
Pupils treated at school for postural defects							30	(29)

DISEASES OF THE SKIN

							<i>Number of cases known to have been treated at school clinics</i>	
Ringworm (a)	Scalp	...	...	...	...	...	—	(—)
(b)	Body	...	...	...	...	...	—	(—)
Scabies	...	...	...	...	...	...	1	(4)
Impetigo	...	...	...	...	...	...	6	(—)
Other skin diseases							287	(255)
TOTAL							294	(259)

The figures in brackets relate to 1971

HANDICAPPED CHILDREN

Ascertained during 1972				Admitted to special schools during 1972		Parents refused consent to admission to special school		No. in special schools on 31.12.72		No. awaiting admission to special schools on 31.12.72	
Category	Recommended for admission to special school										
	M	F	M	F	M	F	M	F	M	F	
Blind	—	—	—	—	—	—	—	1	—	—	
Partially sighted	1	—	1	—	—	—	3	—	1	—	
Deaf	—	1	1	—	—	—	3	2	—	1	
Partially hearing	1	—	—	—	—	—	3	3	1	—	
Educationally sub-normal ...	17	16	15	21	—	—	140	111	—	—	
Epileptic	—	—	—	—	—	—	—	—	—	—	
Maladjusted	4	2	8	2	—	—	27	3	6	2	
Physically handicapped ...	1	—	—	2	—	—	2	3	2	—	
Delicate	—	1	—	1	—	—	—	1	—	—	
Speech	—	—	—	—	—	—	—	—	—	—	
	24	20	25	26	—	—	178	124	9	3	

PROTECTION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS

The vaccination of children of the 13-14 years age group against tuberculosis continued during 1972.

All children were given a preliminary skin test to see whether vaccination was necessary. By this means, some 3.6 per cent were found to have acquired some protection against tuberculosis and therefore did not require vaccination.

Number of 13-year-old children skin tested	...	...	...	...	1,500	(1,387)
Number of negative reactors (i.e. requiring B.C.G. Vaccine)	...	...	...	...	1,350	(1,297)
Number of positive reactors	...	...	...	...	99	(49)
Number vaccinated	...	...	...	...	1,336	(1,297)

DENTAL EXAMINATION AND TREATMENT

(a) Number of children examined:—

At school	...	...	...	...	...	4,562	(5,764)
At clinic	...	...	...	...	...	2,043	(2,484)
TOTAL	...	...	...	...	...	6,605	(8,248)

(b) Number found to require treatment	...	...	...	...	3,651	(4,448)
(c) Number offered treatment	...	...	...	...	3,113	(3,971)
(d) Number of children re-examined at clinics or school	...	...	...	...	764	(939)
(e) Number of (d) found to require treatment	...	...	...	...	416	(381)

SESSIONS

Sessions devoted to treatment	...	...	...	...	...	887.3	(1,345)
Sessions devoted to examination	...	...	...	...	...	79	(49)
Sessions devoted to Dental Health Education	...	...	...	...	...	43.2	(—)

Treatment	Ages 5 to 9		Ages 10 to 14		Ages 15 and over		Total	
Number of children treated
Total attendances for treatment
Permanent teeth filled
Deciduous teeth filled
Permanent teeth extracted
Deciduous teeth extracted
General anaesthetics given
No. of children X-rayed
Prophylaxis (scaling, cleaning, gum treatment, etc.)
Teeth otherwise conserved
Number of teeth root filled
Inlays
Crowns
DENTURES								
Children fitted with full upper or lower dentures (first time)
Children supplied with other dentures (first time)
Number of dentures supplied
ORTHODONTICS								
Cases remaining from previous year
New cases commenced during the year
Cases completed during the year
Cases discontinued during the year
Number of removable appliances fitted
Number of fixed appliances fitted
Children referred to County Orthodontist

The figures in brackets relate to 1971

CHILD GUIDANCE

Number of initial interviews with children and parents	...	...	...	...	107
Number of children seen at a consultation only	...	...	...	...	—
Number of children seen by psychiatrists	...	...	...	...	107
Number of children discharged by psychiatrists	...	...	...	...	109
Total number of therapeutic interviews with children and parents by psychiatrists	...	...	...	...	418
Number of visits by social workers	...	...	...	...	279
Number of children awaiting appointments at the end of 1972	...	...	...	...	33
Waiting time for first appointment at the end of 1972	...	...	...	...	8 — 10 weeks

APPENDIX

Clinics provided directly by the Education Authority and under arrangements with Regional Hospital Boards

Type of Clinic		Treatment or Examination provided by the Education Committee	
*Child Guidance	...	Trowbridge : County Health Clinic Mondays, 1.30 p.m., Wednesdays, 9.15 a.m. and 1.30 p.m. 1st and 3rd Tuesdays, 10 a.m.	Swindon Central Clinic, Islington Street Thursdays, 9.45 a.m. and 1.30 p.m.
		Salisbury : Central Health Clinic Avon Approach, Castle Street Wednesdays, 9.15 a.m., 5th Tuesdays 9.15 a.m.	Swindon : The Clinic, Priory Road, 1st and 3rd Wednesdays, 10 a.m. and 1.30 p.m.
		Marlborough : County Council Clinic 8 Kingsbury Street 2nd and 4th Tuesdays, 2 p.m.	Chippenham : County Health Clinic Mondays, 10 a.m. and Tuesdays, 10 a.m.
		Tidworth : Families Medical Centre Military Hospital 1st and 3rd Tuesdays, 2 p.m.	Devizes: County Health Clinic 2nd and 4th Thursdays, 1.30 p.m.
		Calne: The Health Centre, Coleman's Close Mondays, 2 p.m.	Amesbury : The Health Centre 1st and 3rd Tuesdays, 9.15 a.m.
*Dental	... ..	Amesbury : The Health Centre, The Drove By appointment	Melksham : County Health Clinic, Lowbourn Tuesdays, 9.30 a.m. and by appointment
		Bradford-on-Avon : Lambert Memorial Hall 1st and 3rd Wednesdays, 9.30 a.m. and by appointment	Malmesbury : County Health Clinic, Crosshayes Mondays, 9.30 a.m. and by appointment
		Calne : The Health Centre, Coleman's Close Thursdays, 9.30 a.m. and by appointment	Salisbury : Central Health Clinic, Avon Approach Castle Street, by appointment
		Chippenham : County Health Clinic Goldney Avenue Mondays, 9.30 a.m. and by appointment	St. Michael's Church Hall St. Michael's Road, Bemerton Heath By appointment
		Corsham : County Council Clinic, Beechfield Rd. Thursdays, 9.30 a.m. and by appointment	Swindon : School Dental Clinic, The Health Centre, Milton Road Fridays, 9.30 a.m. and by appointment
		Devizes : County Council Clinic, New Park St. Fridays, 9.30 a.m. and by appointment	Trowbridge : County Health Clinic, The Halve Wednesdays, 9.30 a.m. and by appointment
		Highworth : Recreation Centre, The Elms Alternate Thursday afternoons and by appointment	Warminster : County Health Clinic, The Avenue Mondays, 9.30 a.m. and by appointment
		Marlborough : County Council Clinic 8 Kingsbury Street Fridays, 9.30 a.m. and by appointment	Wroughton : County Health Clinic 77 High Street Thursdays, 9.30 a.m. and by appointment
		Chippenham : County Health Clinic 1st and 3rd Wednesdays at 2 p.m.	Trowbridge : County Health Clinic Tuesdays, 10 a.m.
		Salisbury : Central Health Clinic Avon Approach, Castle Street Alternate Wednesday mornings from 10 a.m.	
*School Medical Officer's Clinics	... ..	
*Speech Therapy	...	Amesbury : The Health Centre, The Drove Mondays 9.30 a.m., Wednesdays 9.30 a.m. and Fridays 9.30 a.m.	Salisbury : Central Health Clinic Avon Approach, Castle Street Mondays, 9.30 a.m., Tuesdays, 9.30 a.m., Wednesdays, 9.30 a.m., Thursdays, 9.30 a.m., Fridays, 9.30 a.m.
		Chippenham : County Health Clinic Wednesdays, 1.30 p.m. Fridays, 9.30 a.m. and 1.30 p.m. Thursdays, 1.30 p.m.	Trowbridge, : County Health Clinic Tuesdays, Wednesdays and Thursdays, 1.30 p.m.
		Corsham : Fuller Avenue Fridays, 9.30 a.m.	Marlborough : County Health Clinic 8 Kingsbury Street Mondays, 9.30 a.m.
		Devizes : County Council Clinic, New Park St. Mondays, 9.30 a.m. and 1.30 p.m., Wednesdays, 9.30 a.m. and 1.30 p.m.	Swindon : Health Centre, Milton Road Thursdays, 9.30 a.m. and 1.30 p.m.
		Melksham : County Health Clinic Mondays at 1.30 p.m. and Tuesdays 1.30 p.m.	Calne : The Health Clinic, Coleman's Close Wednesdays, 9.30 a.m. and 1.30 p.m.
		Mere : Lecture Hall Tuesdays, 9.30 a.m.	Malmesbury : County Health Clinic, Crosshayes Thursdays, 9.30 a.m. and 1.30 p.m.

* See note at foot of page 47

Type of Clinic			Treatment or Examination provided by Regional Hospital Boards	
Ophthalmic	...	...	Chippenham and District Hospital 1st, 3rd and 5th Thursdays, at 9.45 a.m. 2nd and 4th Wednesdays at 2.15 p.m.	Salisbury General Infirmary Mondays, 9 a.m. Tuesdays, 9.30 a.m. in school terms
			Corsham : County Council Clinic, Fuller Ave. 2nd and 4th Wednesdays, 10 a.m. to 1 p.m.	Swindon : Ophthalmic Department, Princess Margaret Hospital, Okus Road Mondays, 9.30 a.m.
			Devizes and District Hospital Mondays, 2 p.m.	Tidworth : Military Hospital Tuesdays (by arrangement)
			Malmesbury and District Hospital 1st and 3rd Fridays, 3 p.m.	Trowbridge : County Health Clinic 1st and 3rd Wednesdays, 10 a.m. and 1 p.m.
			Savernake Hospital 2nd and 4th Fridays in month, 2.15 p.m.	Warminster : Methodist Schoolroom, George Street 2nd, 4th and 5th Fridays in month, 2.15 p.m.
Orthopaedic	...	...	Calne: The Health Centre, Coleman's Close Surgeon attends 2nd Tuesdays at 10.30 a.m. Sister attends every Tuesday at 10.30 a.m.	Salisbury General Infirmary Surgeon attends every Wednesday morning at 10 a.m.
			Chippenham : County Health Clinic Corsham : County Council Clinic, Fuller Ave. These two clinics are run in conjunction with each other. Surgeon attends both on 1st Friday in alternate months Sister attends each Clinic every Wednesday	Swindon : Princess Margaret Hospital Okus Road By appointment from the Hospital
			Devizes : County Health Clinic Surgeon attends 1st, 3rd and 5th Thursdays in the month, 10.15 a.m. and Sister attends 2nd and 4th Thursday 10.15 a.m.	Marlborough : Savernake Hospital Surgeon attends 2nd and 4th Tuesdays, 10.30 a.m. Sister attends every Tuesday 10.30 a.m.
			Malmesbury and District Hospital Surgeon attends 2nd Monday in month, 10 a.m. Sister attends every Monday, 1st and 5th, from 10 to 10.30 a.m.: 2nd, 3rd and 4th at 10.30 a.m. and 1.30 p.m.	Trowbridge : County Health Clinic Surgeon attends 3rd Wednesdays, 10.30 a.m. and 1.30 p.m. Sister attends every Friday, 10.30 a.m. and and 1.30 p.m.
			Melksham : County Health Clinic Sister attends alternate Wednesdays at 2 p.m.	Warminster : District Hospital Surgeon attends on 1st Monday in month, 10.30 a.m. Weekly clinics held by After-Care Sisters every Monday
Ear, Nose and Throat	...	...	Bath : Royal United Hospital By appointment from the Hospital	Salisbury : General Infirmary By appointment from the Hospital
			Chippenham and District Hospital By appointment from the Hospital	Savernake Hospital By appointment from the Hospital
			Cirencester Hospital By appointment from the Hospital	Shaftesbury Hospital By appointment from the Hospital
			Corsham : County Council Clinic Fuller Avenue 2nd Monday at 2.30 p.m.	Swindon : Princess Margaret Hospital By appointment from the Hospital
			Devizes and District Hospital By appointment from the Hospital	Trowbridge: Trowbridge and District Hospital By appointment from the Hospital
			Malmesbury and District Hospital By appointment from the Hospital	Warminster and District Hospital By appointment from the Hospital
			Melksham and District Hospital By appointment from the Hospital	Westbury and District Hospital By appointment from the Hospital
Heart	...	...	Salisbury General Infirmary By appointment from the Hospital	Trowbridge and District Hospital By arrangement

N.B.— Children for examination at these Clinics, except dental clinics, should be referred through the Principal School Medical Officer. Child guidance, eye, heart and School Medical Officer's clinics are held *as required* on the days and at the times stated in the table, and are not regular fixed sessions. The dental clinics listed in the table are the normal regular sessions for special and emergency cases. The premises are, however, used also by the dental officers when they are carrying out the routine treatment of children from schools in the neighbourhood.

